

Name  
in  
Full

Glynne Ralby Albaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Laurel

Town

Date of death 1940 Feb

Month

Day

Years

Months

Days

Prince George

County

MARYLAND

Sex Female

Color or  
Race

White

Birth-  
place

Baltimore

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Benj S. Albaugh

Father's  
Name

W.B. Redgrave

Father's  
Birthplace

Mother's  
Maiden Name

Annie Ralby

Mother's  
Birthplace

Name of person giving  
Information

W.B. Redgrave Jr.

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

Pneumonia

93

How long

28 days.

Immediate

Meningitis

3 days.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

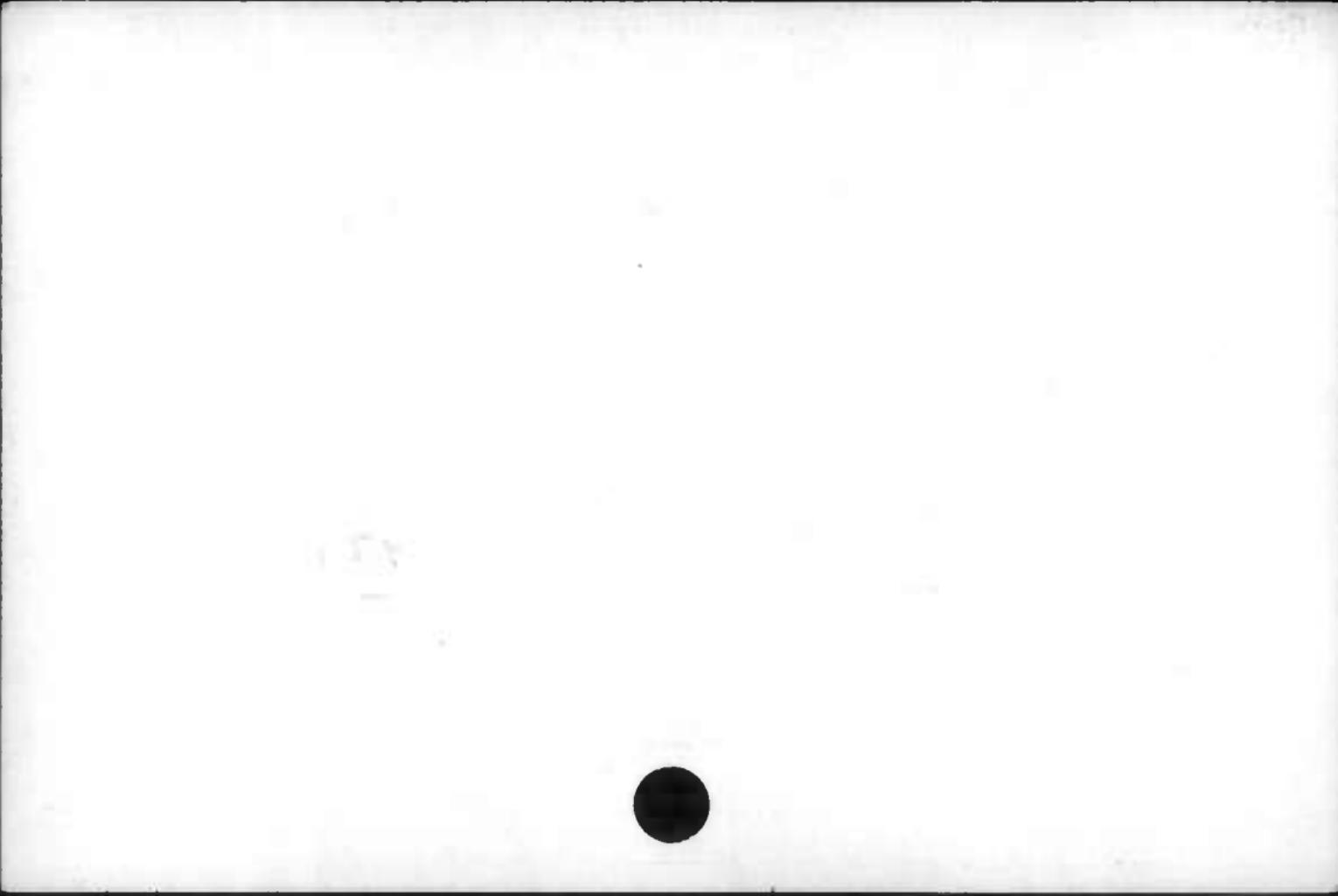
Signature of  
Physician

Address

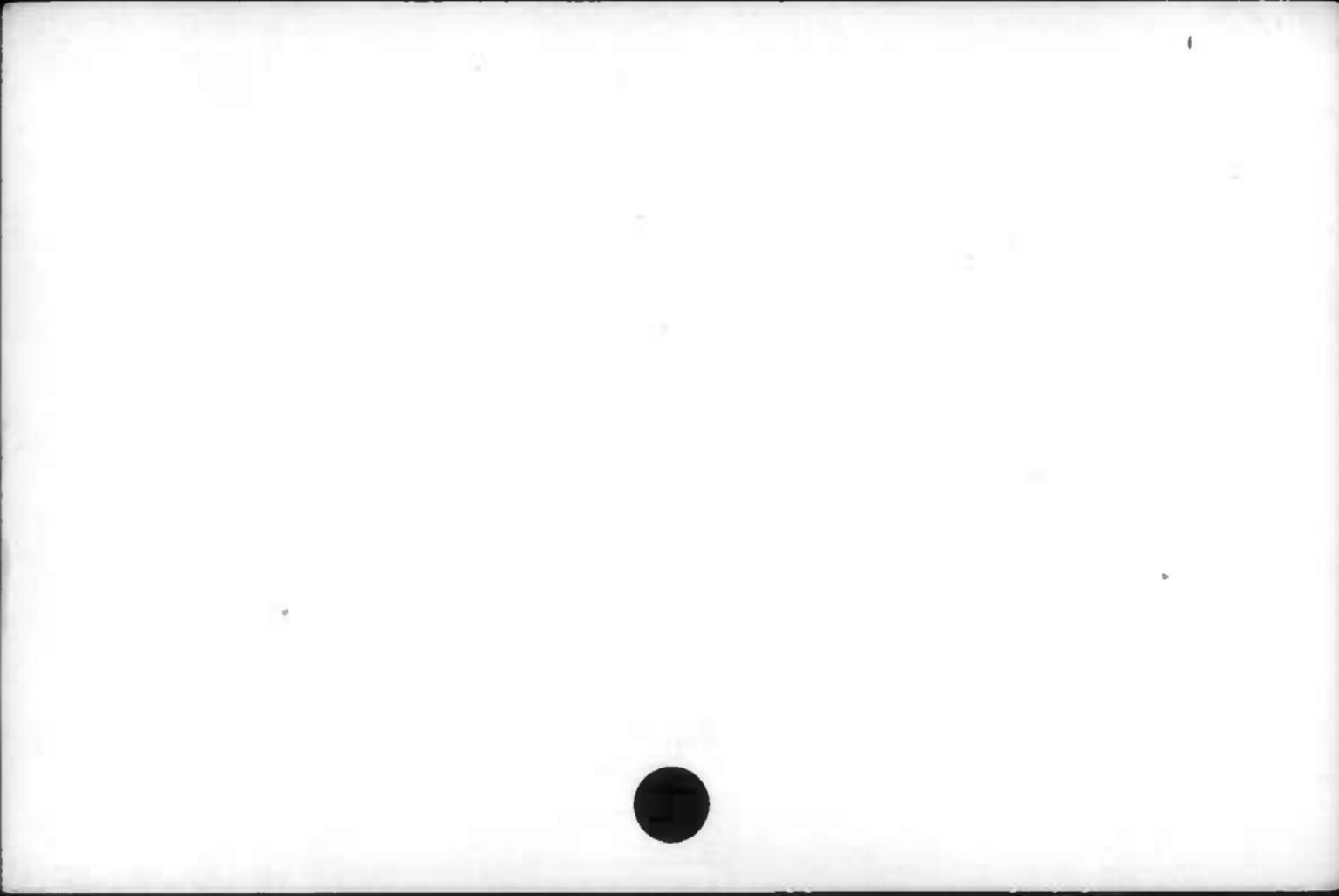
J. P. Hunt  
Laurel  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide







Name  
in  
Full

Mary Barnes  
Luccedo

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Unknown			
Father's Name	Unknown		Father's Birthplace	Mid	
Mother's Maiden Name	Unknown		Mother's Birthplace	Mid	
Name of person giving information	Unknown		How related to deceased	Unknown	

## CAUSES OF DEATH

79

V

PHYSICIAN  
OR CORONER

Primary Valvular Disease

How long

Few months

Immediate of Heart

How long

"

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

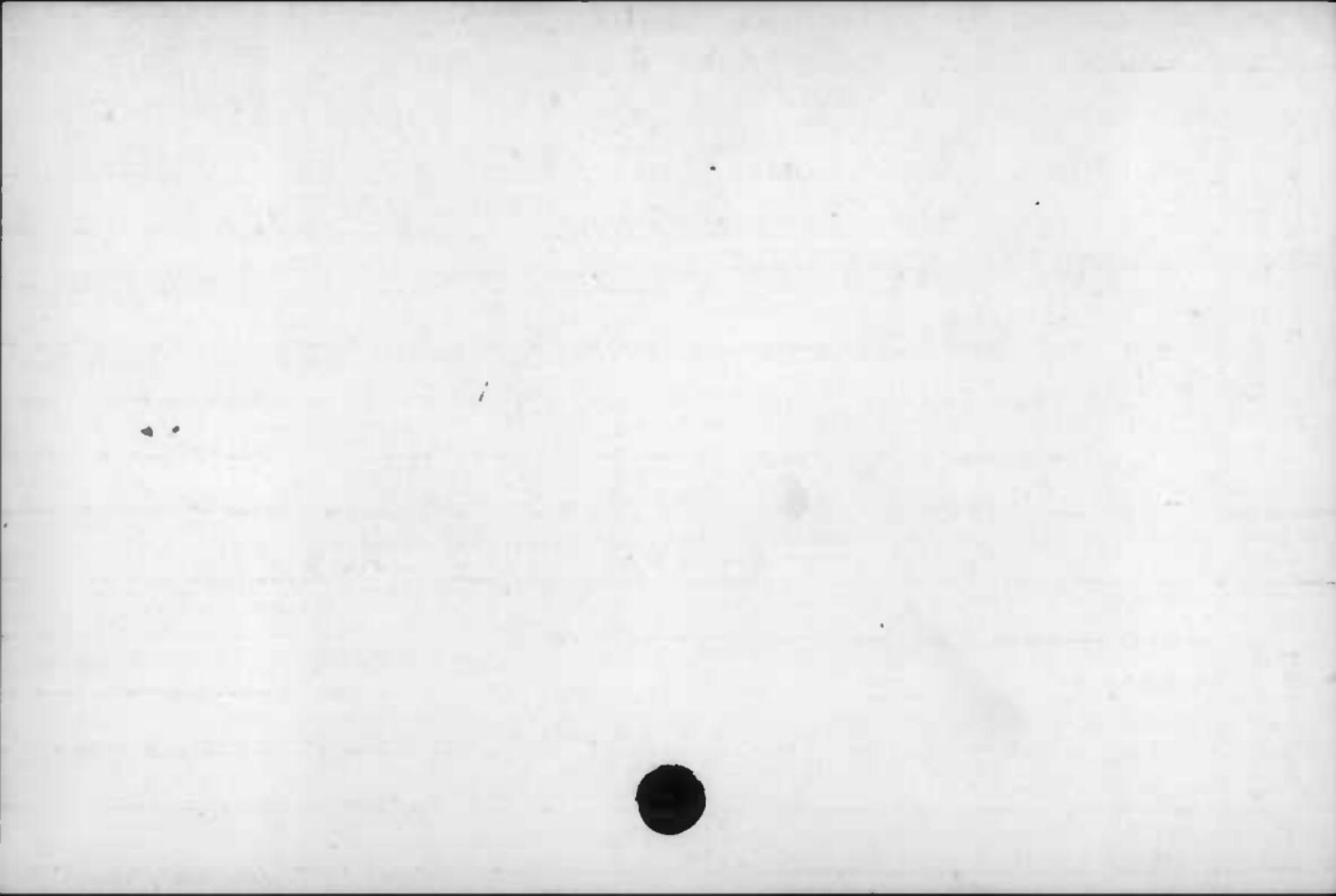
Address

G.W. Worrey

1212 H St. N.E.

Washington D.C.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Eunoy Bateles

CERTIFICATE OF DEATH

MARYLAND

Died at Hyattsville Town County  
Date of death 1970 Month Day 10 4 Years 72 Months Days  
Sex male Color or Race white Birthplace D.C.  
Occupation Clerk Where Residing if not at place of death ✓

Married, Single or Widowed Married Name of Wife or Husband late Henrietta Ann Dawson

Father's Name Rev W Bateles

Father's Birthplace don't know

Mother's Maiden Name don't know

Mother's Birthplace don't know

Name of person giving Information Mrs J. Hutchinson

How related to deceased Son in law

CAUSES OF DEATH

Primary Arterio sclerosis & Rheumatism several years

81

How long

Immediate Cardiac asthma

How long

Are the name, age, sex, color, date and place correctly given above?

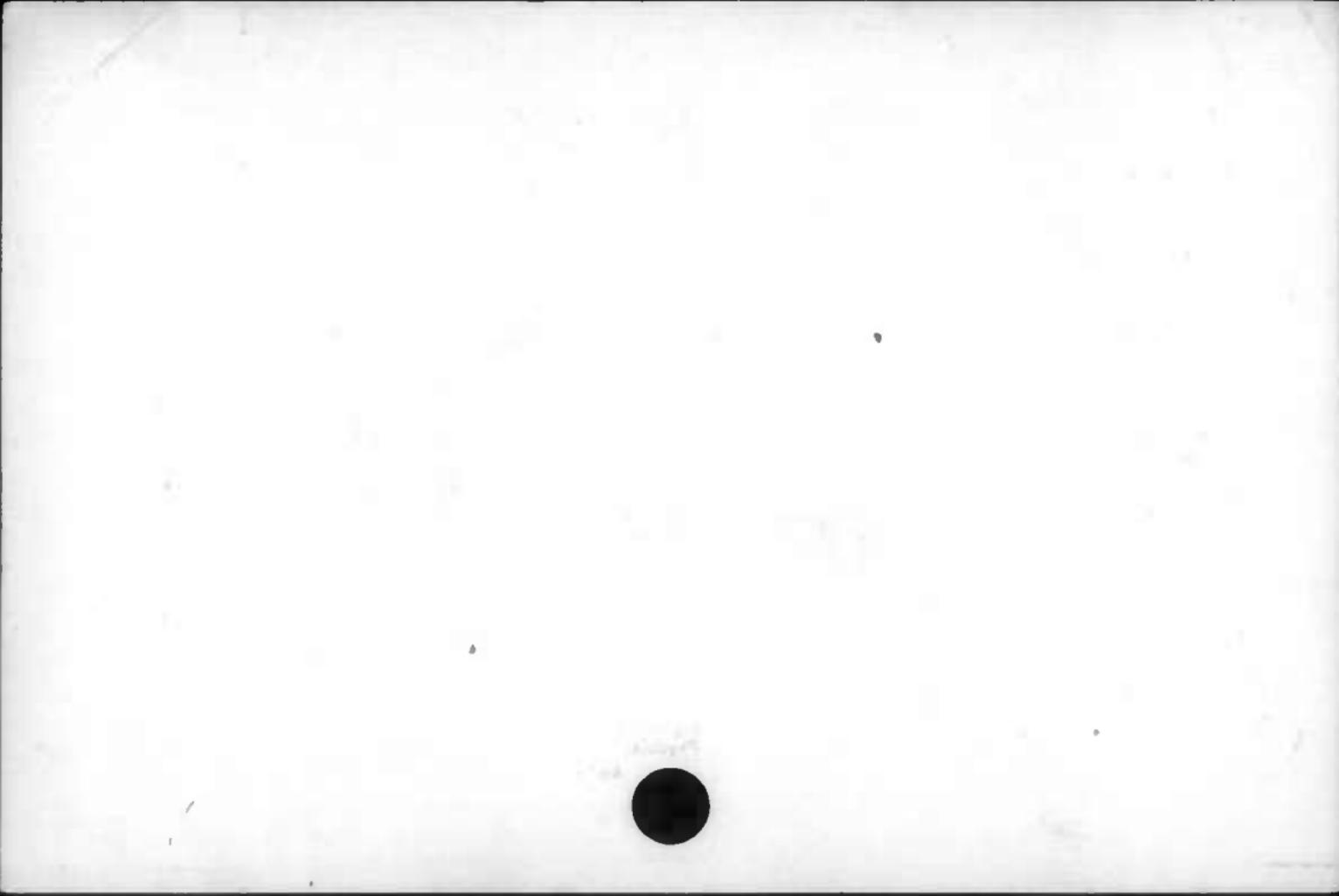
yes

Signature of Physician

Address

John E. Hutchinson  
Hyattsville

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Agnes Boze

CERTIFICATE OF DEATH

Died at

Towson

County

MARYLAND

Date  
of death

1901

Month

2

Day

22

Years

26

Months

-

Days

-

Sex

Female

Color or  
Race

Black

Birth-  
place

md

Occupation

House

Where Residing if not  
at place of death

Married, Single  
~~Married~~

Name of Wife or  
Husband

Mary Agnes Boze

Father's  
Name

Kidney Elements

Father's  
Birthplace

Md

Mother's  
Maiden Name

Jessie Davis

Mother's  
Birthplace

Ma

Name of person giving  
Information

Mary Agnes Boze

How related  
to deceased

Husband

CAUSES OF DEATH

140

How long

How long

Primary  
Child birth - Impression of Lodina from getting up from  
getting up from bed - 10 da

Immediate  
action of Liver & Bowels of Lancashire

10 da

Are the name, age, sex, color, date  
and place correctly given above?

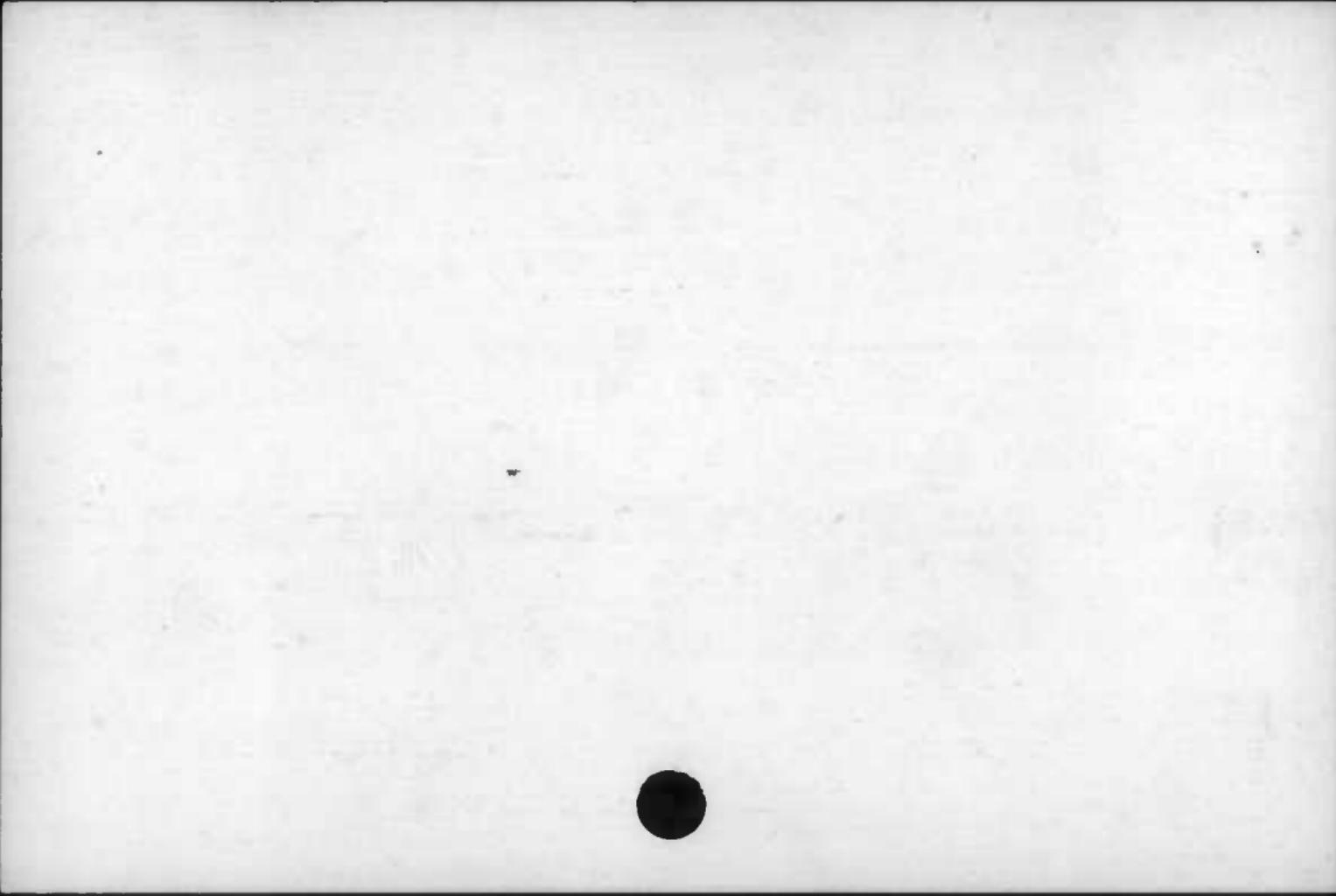
Signature of  
Physician

Address

Heart-failure 2 da

J. L. Maring

Accident or Suicide?



Name  
in  
Full

Barbara Bowers

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1960	Month Feb	Day 20 <sup>5</sup>	Years 81	Months 4	Days
Sex Female	Color or Race white	Birth-place East Tennessee			
Occupation Housewife	Where Residing if not at place of death Mitchellville				
Married, Single or Widowed	Name of Wife or Husband Louis Bowers	Father's Name John Copple	Father's Birthplace East Tennessee		
Mother's Maiden Name Rebecca Elta	Mother's Birthplace " "				
Name of person giving information J L Ingalls	How related to deceased Grandson	100	How long about 3 weeks		
CAUSES OF DEATH					
Primary	Obstruction of Colon congestion of Liver & Kidneys				
Immediate					

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

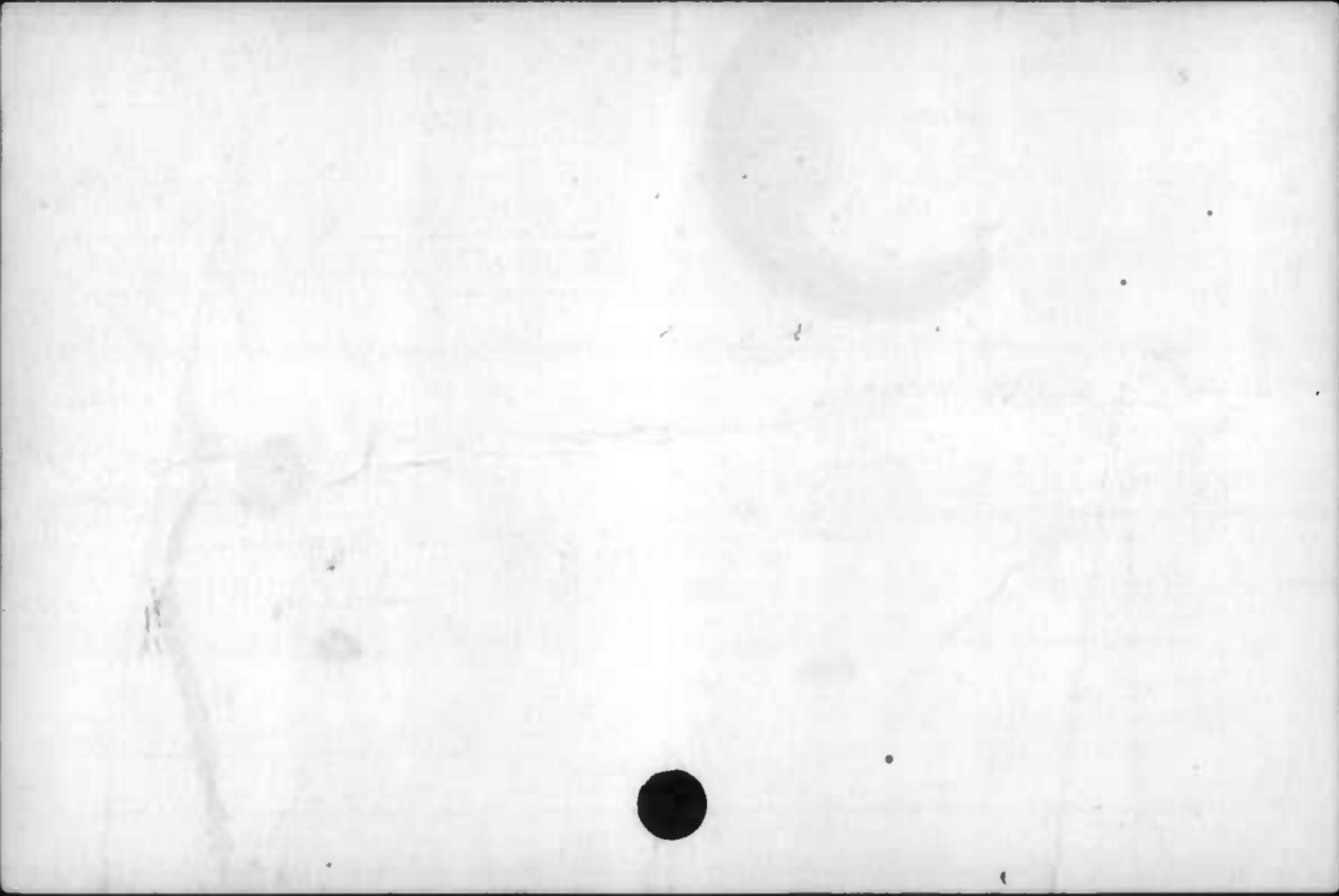
Address

John Peach M.D.

Mitchellville

Ind

Accident or Suicide?



Name  
in  
Full

Jeanita Campbell  
was Acoppeh, Jr. Esq.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County					
Died at						
Date of death	Month	Day	Years	Months	Days	
Female	Color or Race	Age	38			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Charles Campbell.				
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased					
CAUSES OF DEATH						
Primary	Pulmonary tuberculosis nine months					
Immediate	"	"	How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. S. Kurtz, M.D.			
		Address	Tuscarawas Co. Local Board of Health			

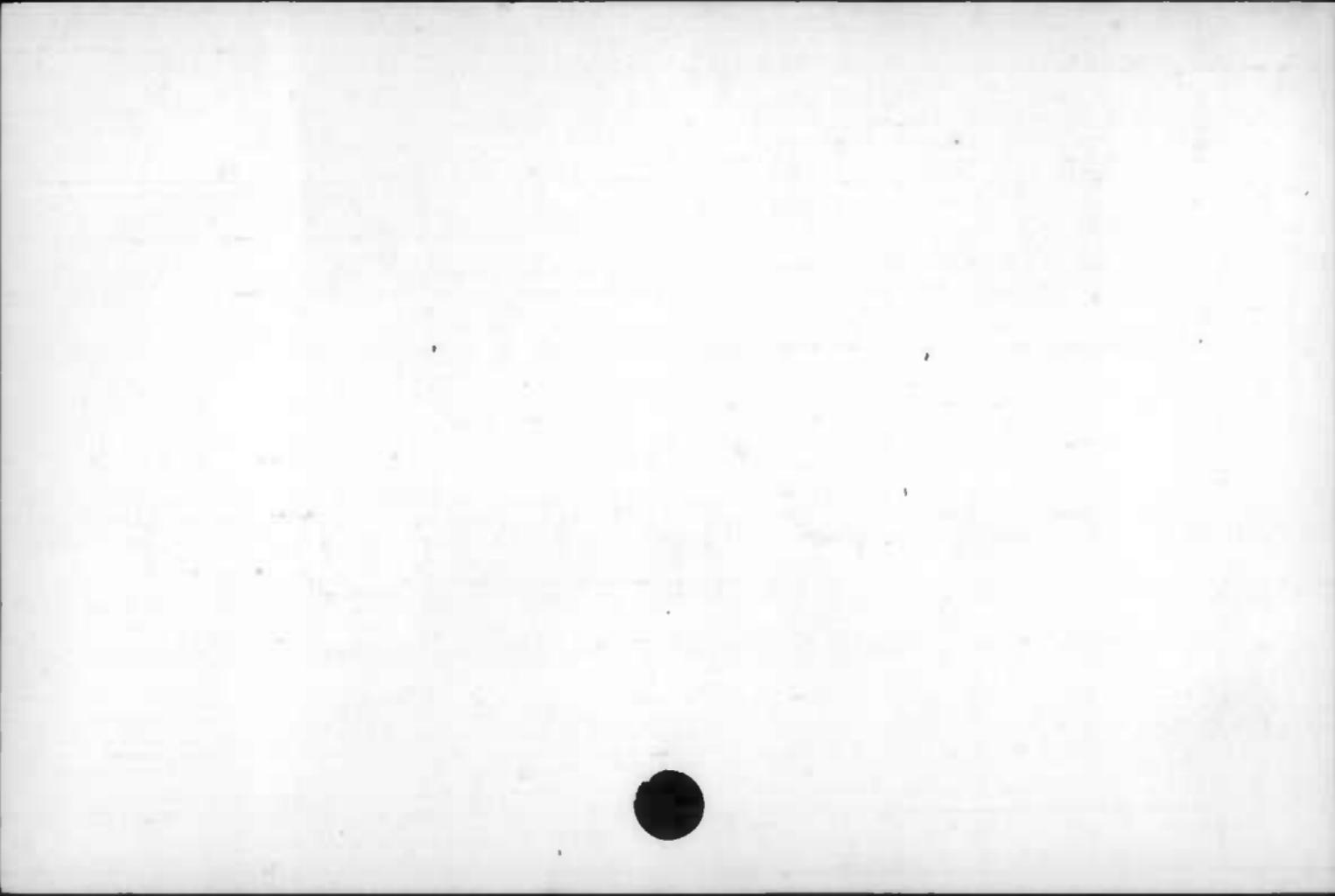
PHYSICIAN  
OR CORONER

Is the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Accident or Suicide?



Name  
in  
Full

Charles E. Boats

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town

Died at near Upper Marlboro

P. County

MARYLAND

Date

of death

Month

2

Day

22

Years

—

Months

1

Days

—

Sex

Male

Color or  
Race

Black

Birth-  
place

P. G. Co. Md.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

James E. Boats

Father's  
Birthplace

P. G. Co. Md.

Mother's  
Maiden Name

Laura Gant

Mother's  
Birthplace

P. G. Co. Md.

Name of person giving  
Information

James E. Boats

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Don't know

189

How long

Immediate

Don't know

How long

Are the name, age, sex, color, date  
and place correctly given above?

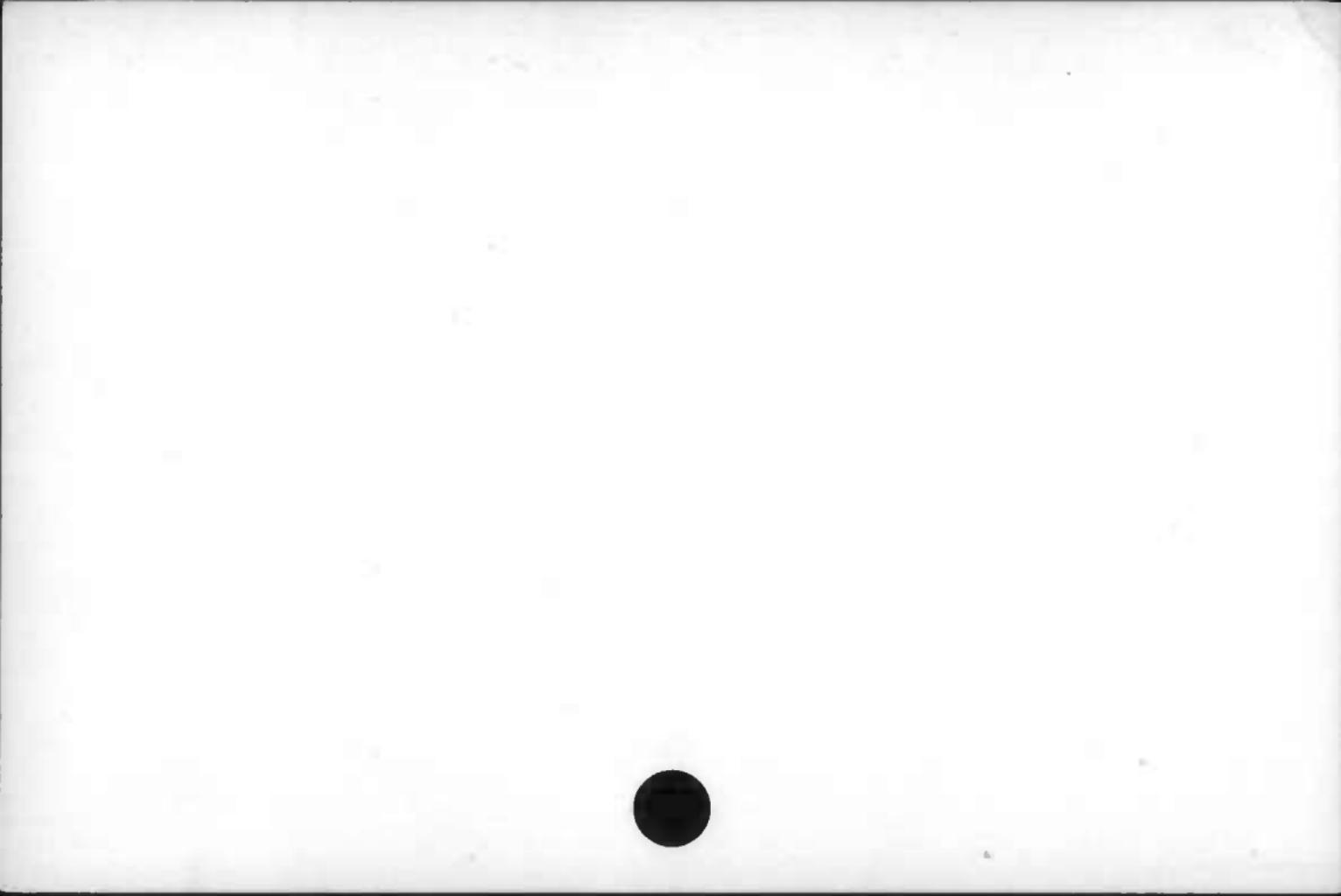
Signature of  
Physician

Address

R. Enoch Smith  
Sub Registrar  
Upper Marlboro Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Cinnie Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Frostville Town Prince George County MARYLAND  
Date of death 1960 Month 2 Day 7 Years about 72 Months - Days -  
Sex Female Color or Race Black Birthplace and  
Occupation Housework Where Residing if not at place of death  
Married, Single widowed Name of Wife or Husband Richard Cook  
or Widowed widowed  
Father's Name Thomas Gant Father's Birthplace unknown  
Mother's Maiden Name Susay Maudith Mother's Birthplace unknown  
Name of person giving Information Helen Simms How related to deceased niece

PHYSICIAN  
OR CORONER

Primary

Cancer of the bowels

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

yes

Accident or Suicide

neither.

CAUSES OF DEATH

41

How long

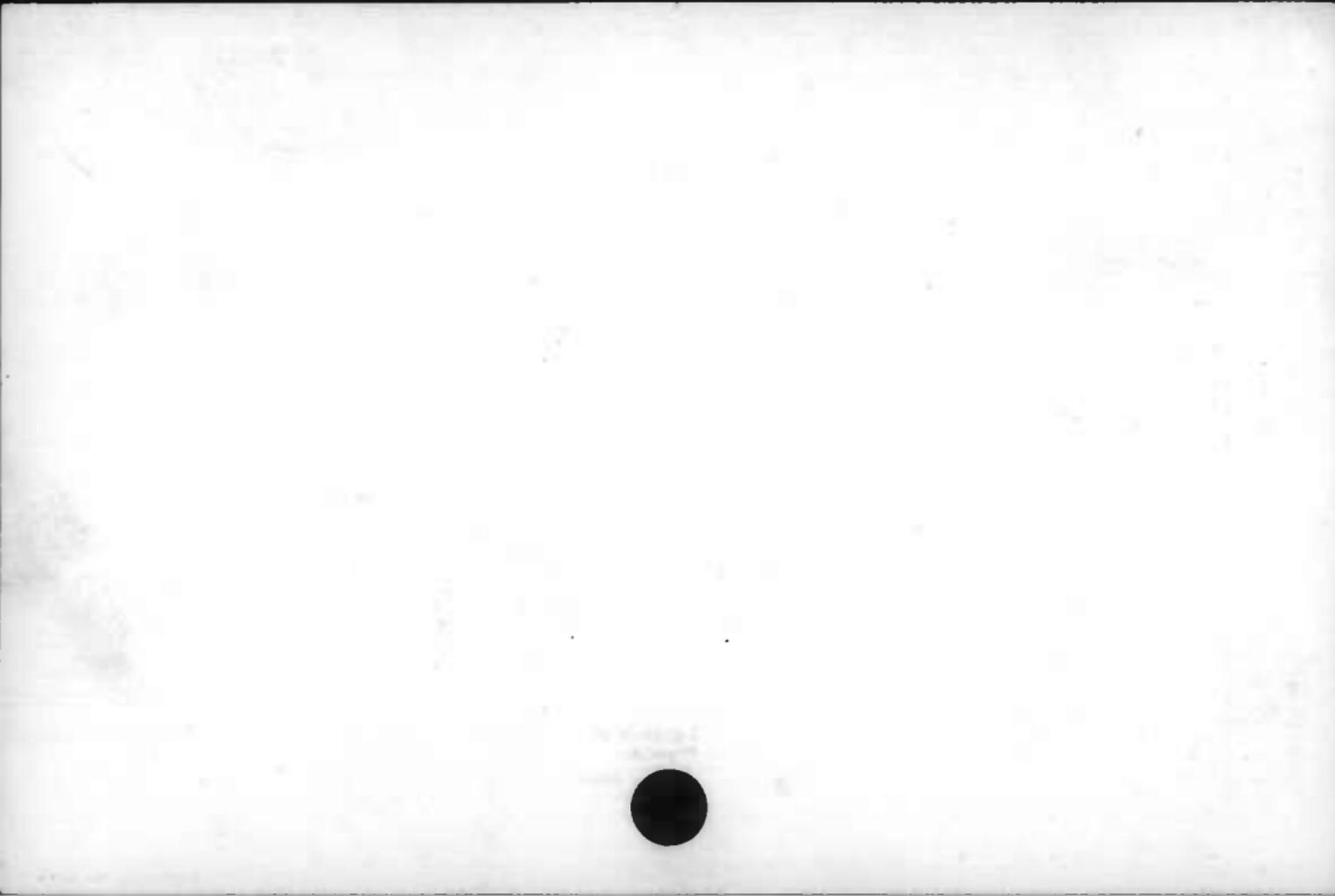
1 yr  
36 hrs

How long

Signature of Physician

Address

John S. Bursham  
Frostville  
and



Name  
in  
Full

Francis D Crown

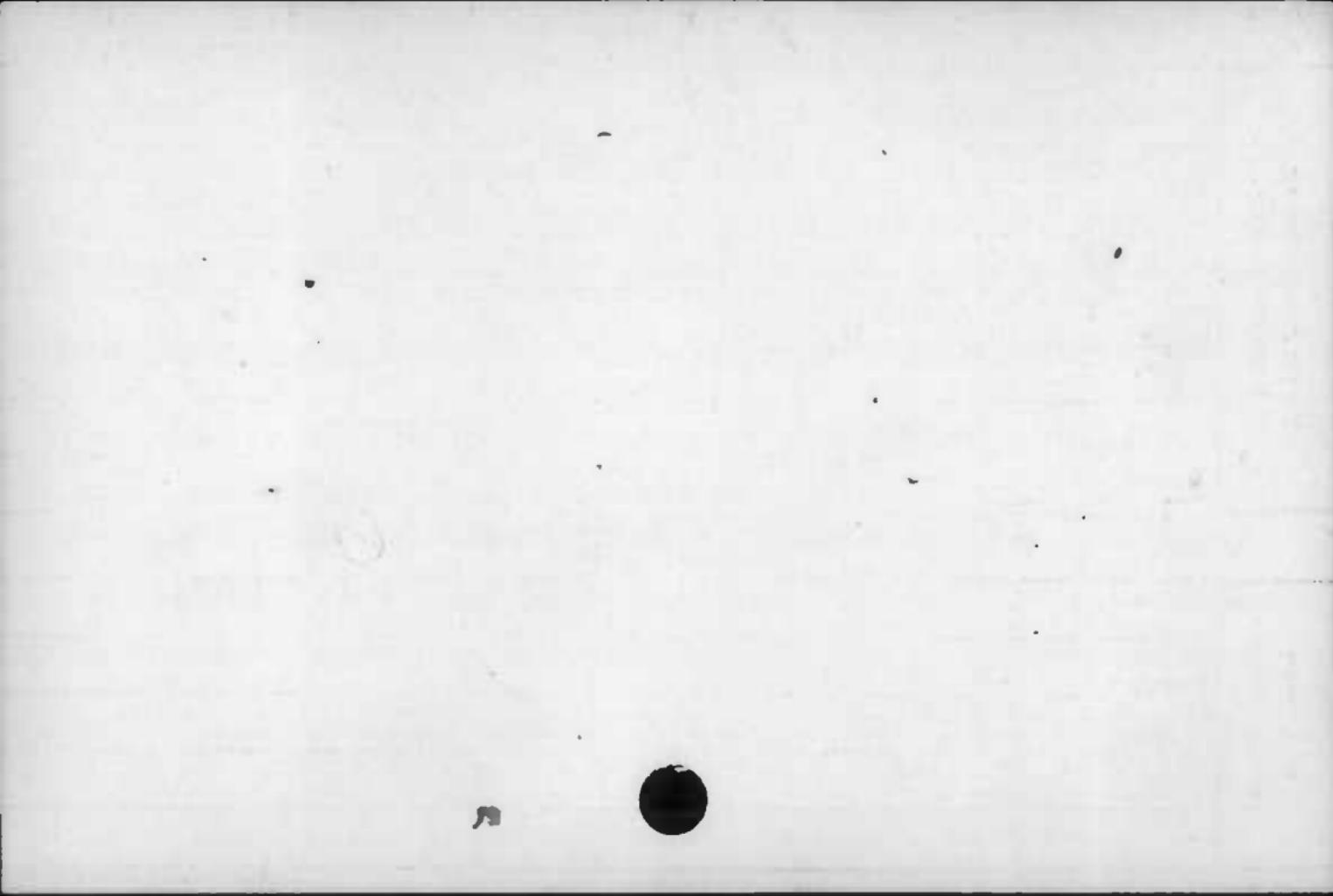
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bethelch Lane C.J. P.G.</u> County						MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1918	2	26	4		1	1	
Sex	Female	Color or Race	white	Birth-place	nde		
Occupation	<u>House</u>			Where Residing if not at place of death	—		
Married, Single or Widowed	Single	Name of Wife or Husband	—				
Father's Name	<u>unknown</u>			Father's Birthplace	<u>unknown</u>		
Mother's Maiden Name	<u>unknown</u>			Mother's Birthplace	"	"	
Name of person giving information	"	"	How related to deceased	"	"	"	

CAUSES OF DEATH

Primary	<u>Valvular Disease</u>		How long	<u>2 yrs</u>
Immediate	<u>Heart &amp; measles</u>		How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<u>Francis A Specia</u>	
		Address	<u>1319, 9th St. N.W. Wash. D.C.</u>	
Accident or Suicide?	neither.			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Washington, D.C., Luray Hospital			County	MARYLAND	
Date of death	1960	Month	May	Day	Years	35	Months
Sex	Male	Color or Race	Black	Age	35	Days	Not Known
Occupation	Labourer	Where Residing if not at place of death	Not Known	Birthplace	Md.	Birthplace	Md.
Married, Sing. or Widowed	Sing.	Name of Wife or Husband	Maria Lewis	Father's Birthplace	Md.		
Father's Name	Not Known	Mother's Birthplace	Md.				
Mother's Maiden Name	Not Known	How related to deceased	None				
Name of person giving Information	L. E. Duvney, Sheriff	How long	3 days				
How long	24 hrs						

CAUSES OF DEATH

Primary: Gun shot wound  
Secondary: Peritonitis

166

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Immediate

Yes

Signature of  
Physician

Address

J. Alfred Ridgely, Jr.  
Acting Coroner  
Upper Marlboro, Md.

Accident



Name  
in  
Full

Anderson F. Duckett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Proper			MARYLAND	
Died at	1B	Month	Day	Years	Months Days
Date of death	1960	2	13	Age	28
Sex	male	Color or Race	Colored	Birth-place	Md
Occupation	Laborer			Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Eva Smith Duckett		
Father's Name	Joe. Duckett			Father's Birthplace	Md
Mother's Maiden Name	Clarisy Hawkins.			Mother's Birthplace	Md
Name of person giving Information	Sidney Duckett			How related to deceased	Brother

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Pulmonary Tuberculosis  
Immediate Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of Physician

Address

John A. Cox  
I.B. Md.

Accident or Suicide

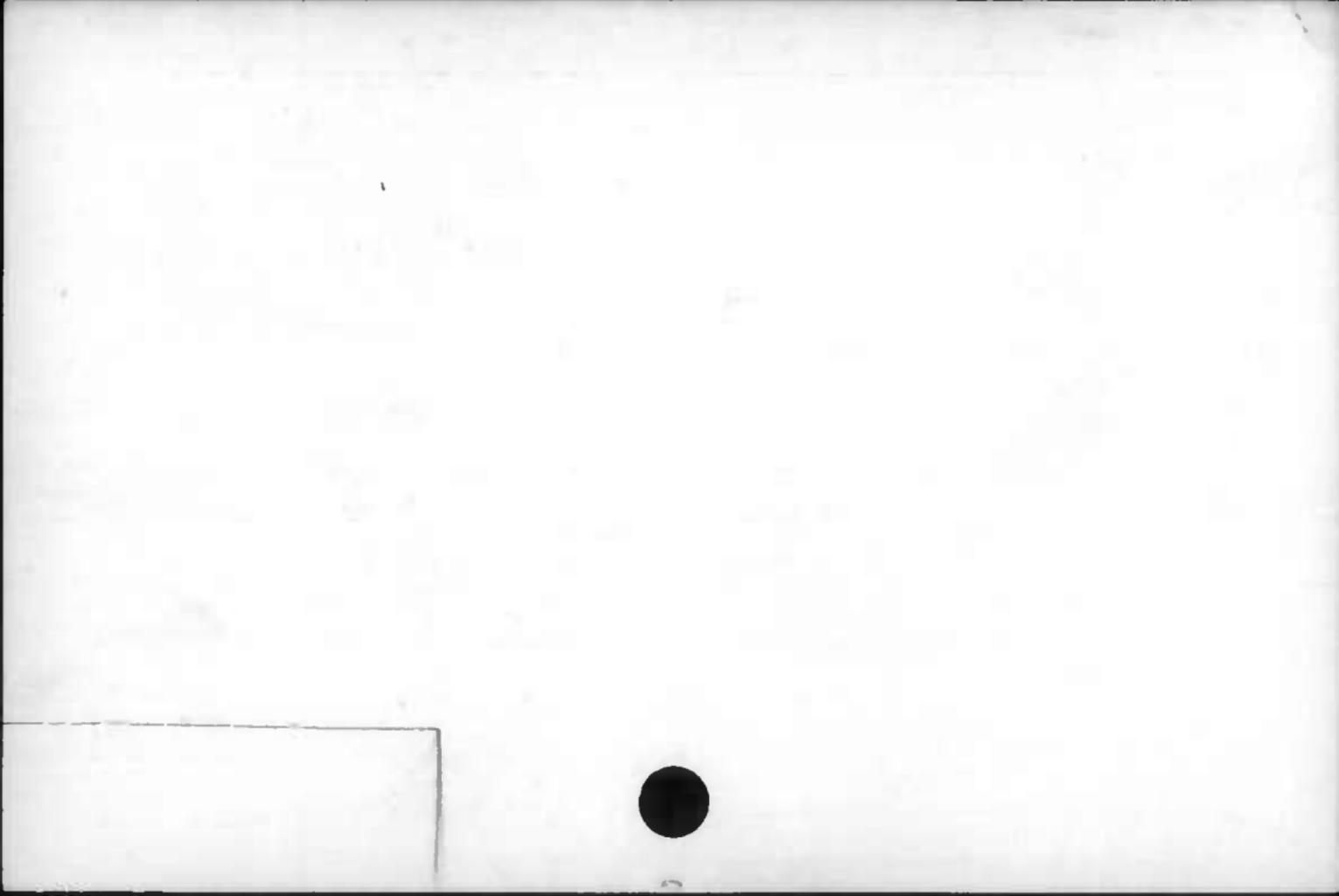
27 1

How long

Several years

3 days

Md.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Emmanuel Edelin

Town

County

CERTIFICATE OF DEATH

Died at

Waxwood

Month

Day

Years

MARYLAND

Month

12

Date

of death 190

Month

2 21

Age

Years

Days

Sax

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

style

Father's  
Name

George Edelin

Father's  
Birthplace

Md

Mother's  
Maiden Name

Kathie Watson

Mother's  
Birthplace

Md

Name of person giving  
Information

Rinaldo Edelin

How related  
to deceased

Grandfather

CAUSES OF DEATH

Primary

Inanition

151

How long

12 days.

Immediate

Exhaustion

How long

few hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

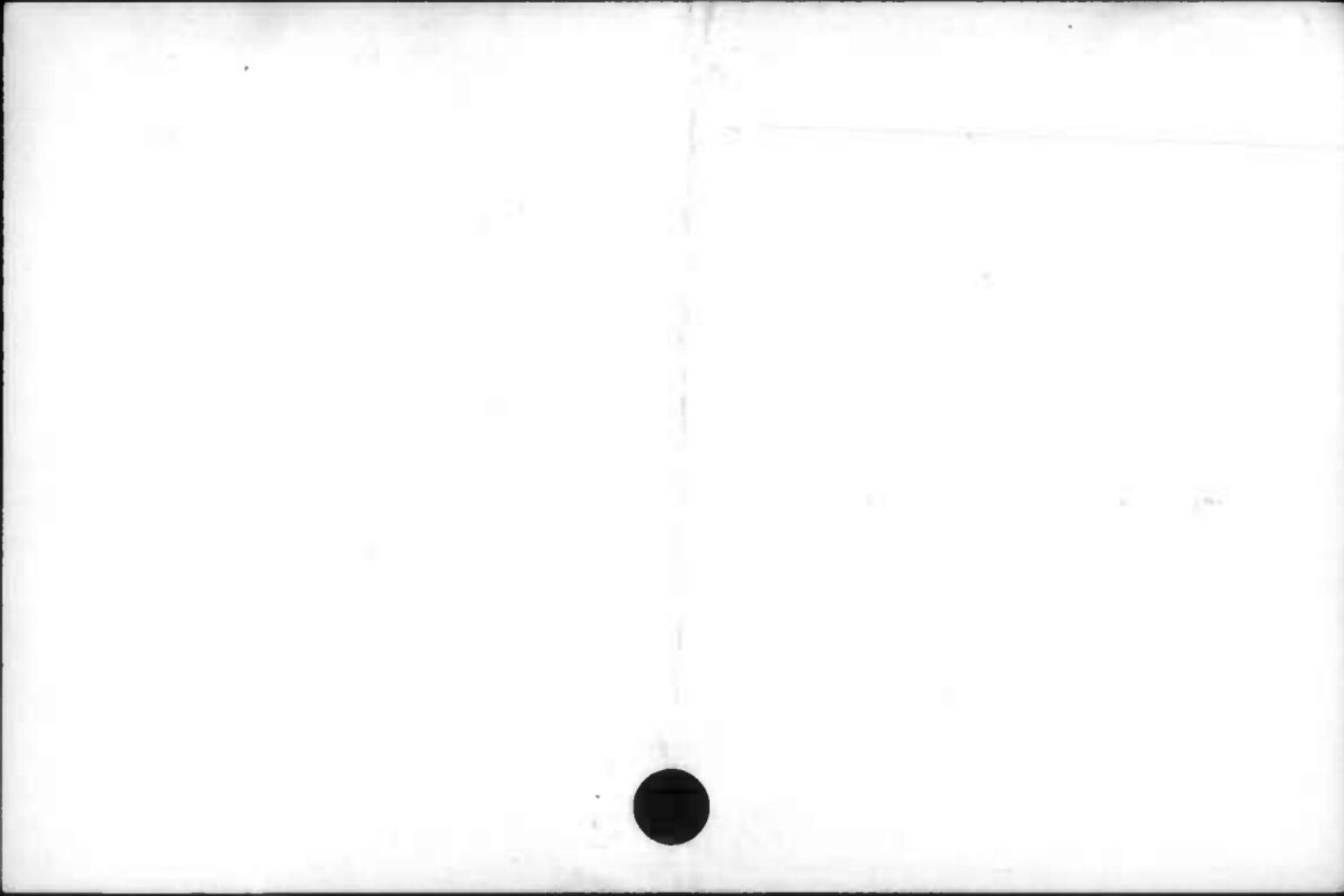
W Morton Baum

Accident or Suicide

No.

Aquarius

Md.



Name  
in  
Full

Ellen Ennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Upper Marlboro Town Pikes County  
Date of death 1908 Month 2 Day 23 Age 86 Months  Days

Sex Female Color or Race Colored  
Occupation None

Birth-place Md

Married, Single or Widowed Widowed Name of Wife or Husband Thomas Ennis

Father's Name Don't know

Father's Birthplace Unknown

Mother's Maiden Name "

Mother's Birthplace Unknown

Name of person giving Information James Butler

How related to deceased grand-son

House

CAUSES OF DEATH

Primary Senile Gargane

142

Immediate Exhaustion

13 months

Are the name, age, sex, color, date and place correctly given above?

No

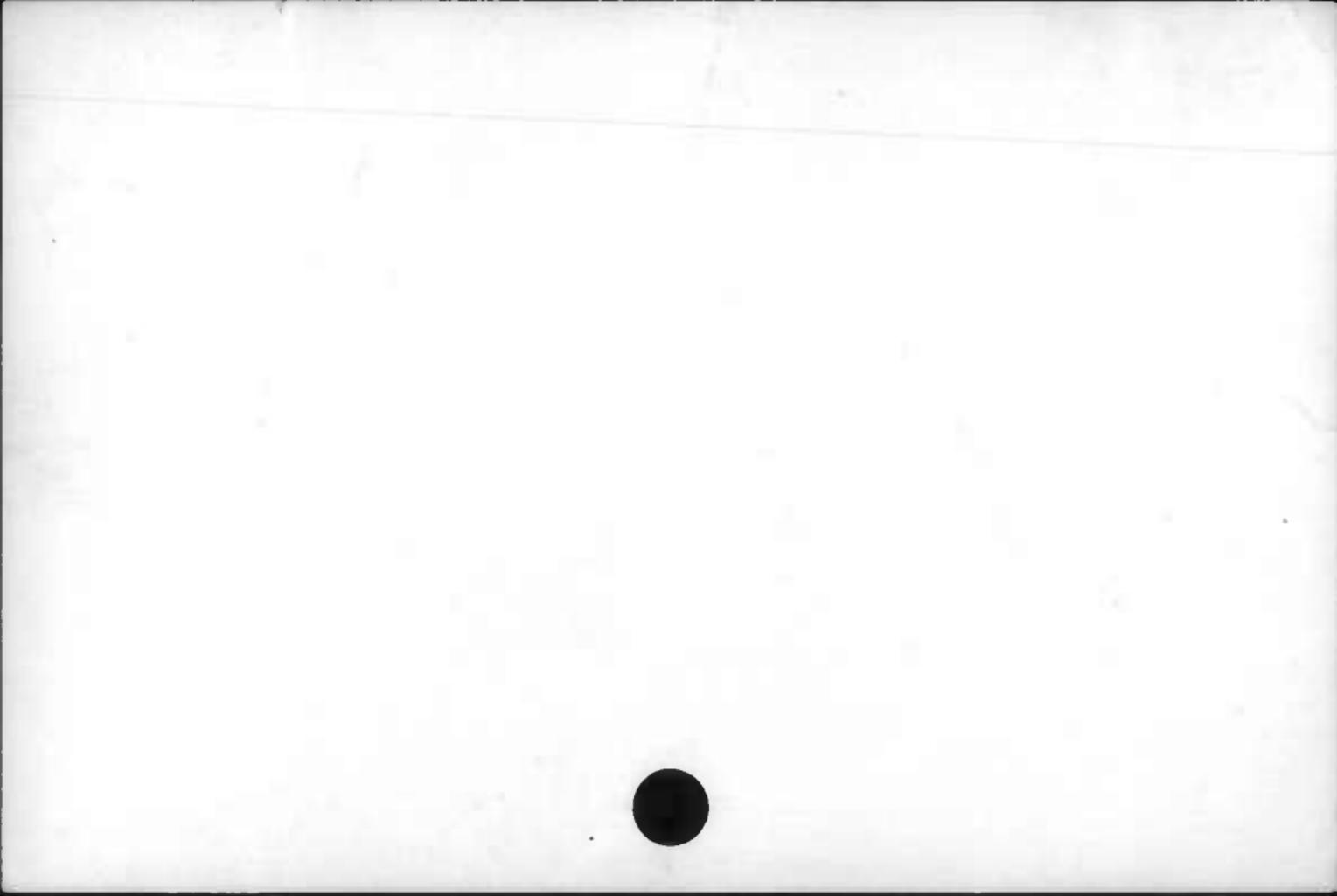
Signature of Physician

Address

Ronald Sasser  
Upper Marlboro

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Anna W Eversfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Charles E. Eversfield	
Father's Name	Amzi Howard		
Mother's Maiden Name	Leah Little Gay		
Name of person giving Information	Rebecca B. Berry		

CAUSES OF DEATH

Primary

Organic Heart disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

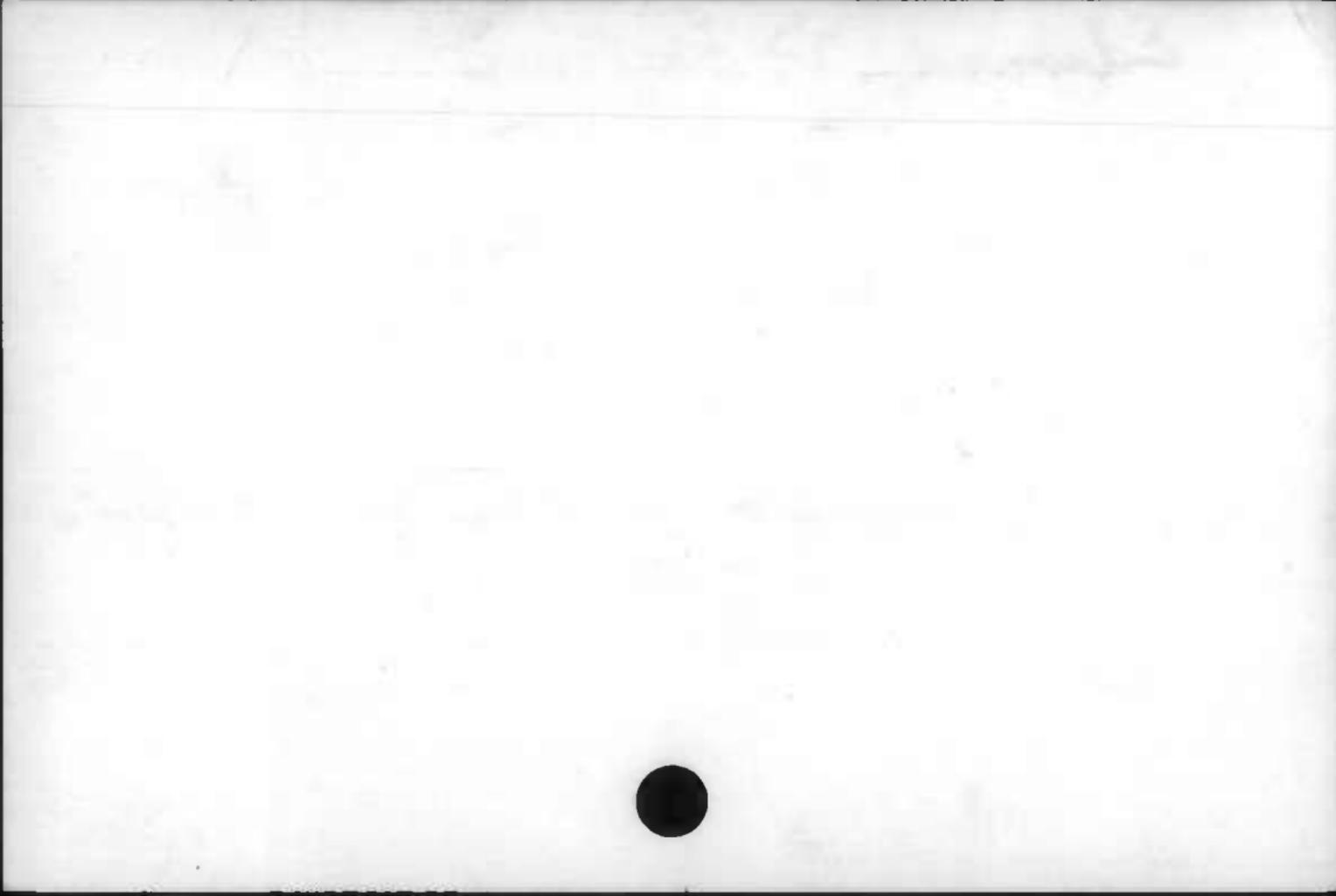
79

How long

How long

20 minutes

W.H. Gibbons  
Croom Md.



Name  
in  
Full

Edward P. Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Collington Town

County

MARYLAND

Date  
of death 1900

Month

Day

Years

Months

Days

Feb 26

Age 1

3

Sex

male

Color or  
Race

colored

Birth-  
place

Prince George's Co.

Occupation

none

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Hebrew Fletcher

Father's  
Birthplace

Prince George's Co.

Mother's  
Maiden Name

Mary E Aroyald

Mother's  
Birthplace

" " "

Name of person giving  
Information

Hebrew Fletcher

How related  
to deceased

Father

Primary

Capillary Bronchitis  
Dyspno

97

How long

Five days

Immediate

How long

Several hours

Are the name, age, sex, color, date  
and place correctly given above?

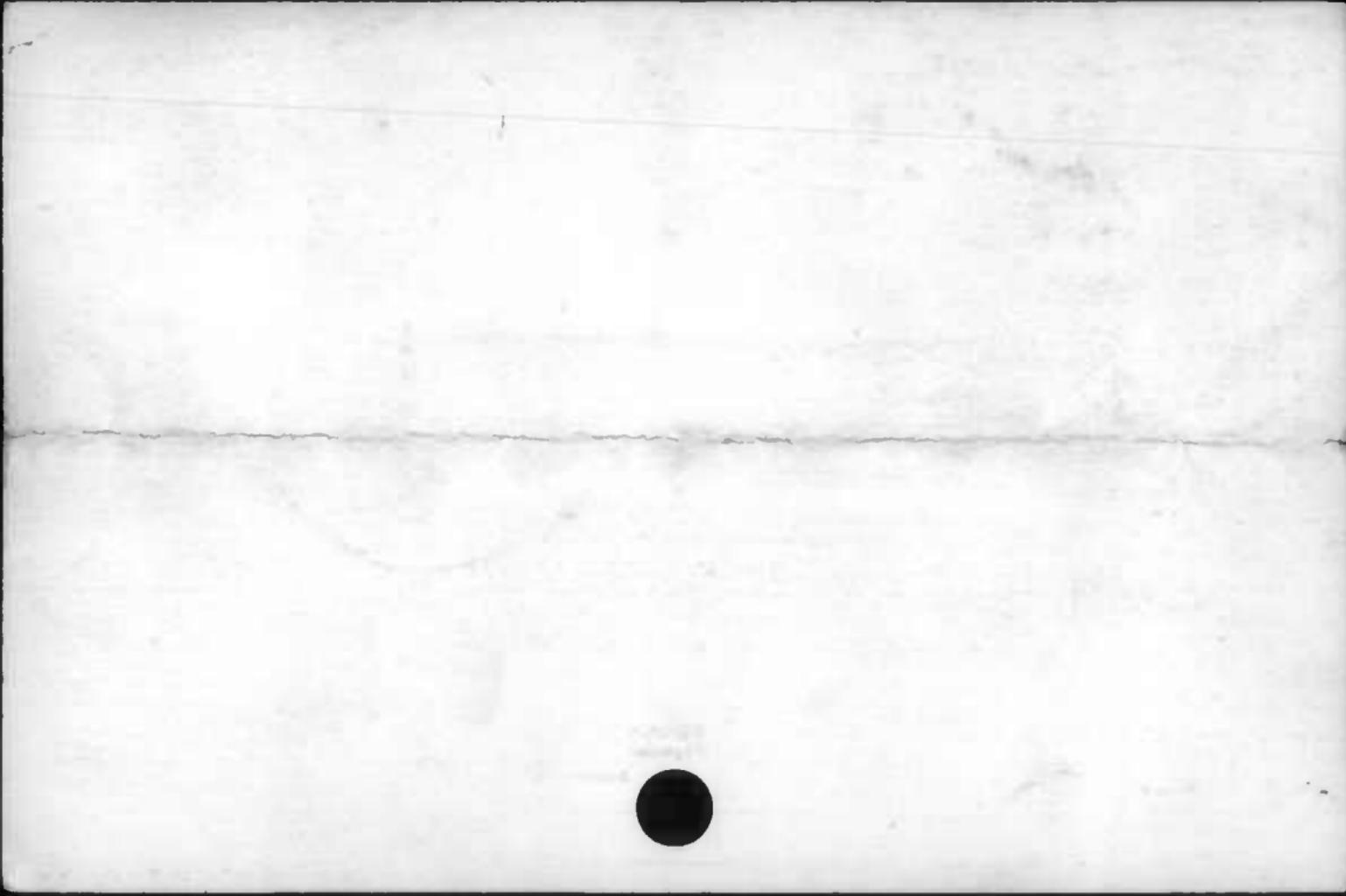
Signature of  
Physician

Address

J. M. Donall M.D.  
Springfield Ind.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Lillian M. Ford

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Upper Marlboro,	Dr. Geo		
Date of death	Month	Years	Months
1950	Feb	16	—
Age	Day	Days	—
Sex	Color or Race	Birth-place	
Female	white	A. A. Co. Md.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single	—		
Father's Name	R. E. Ford	Father's Birthplace	A. A. Co. Md
Mother's Maiden Name	Rogers	Mother's Birthplace	A. A. Co. Md
Name of person giving Information	Olive Ford	How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

1 week

Immediate

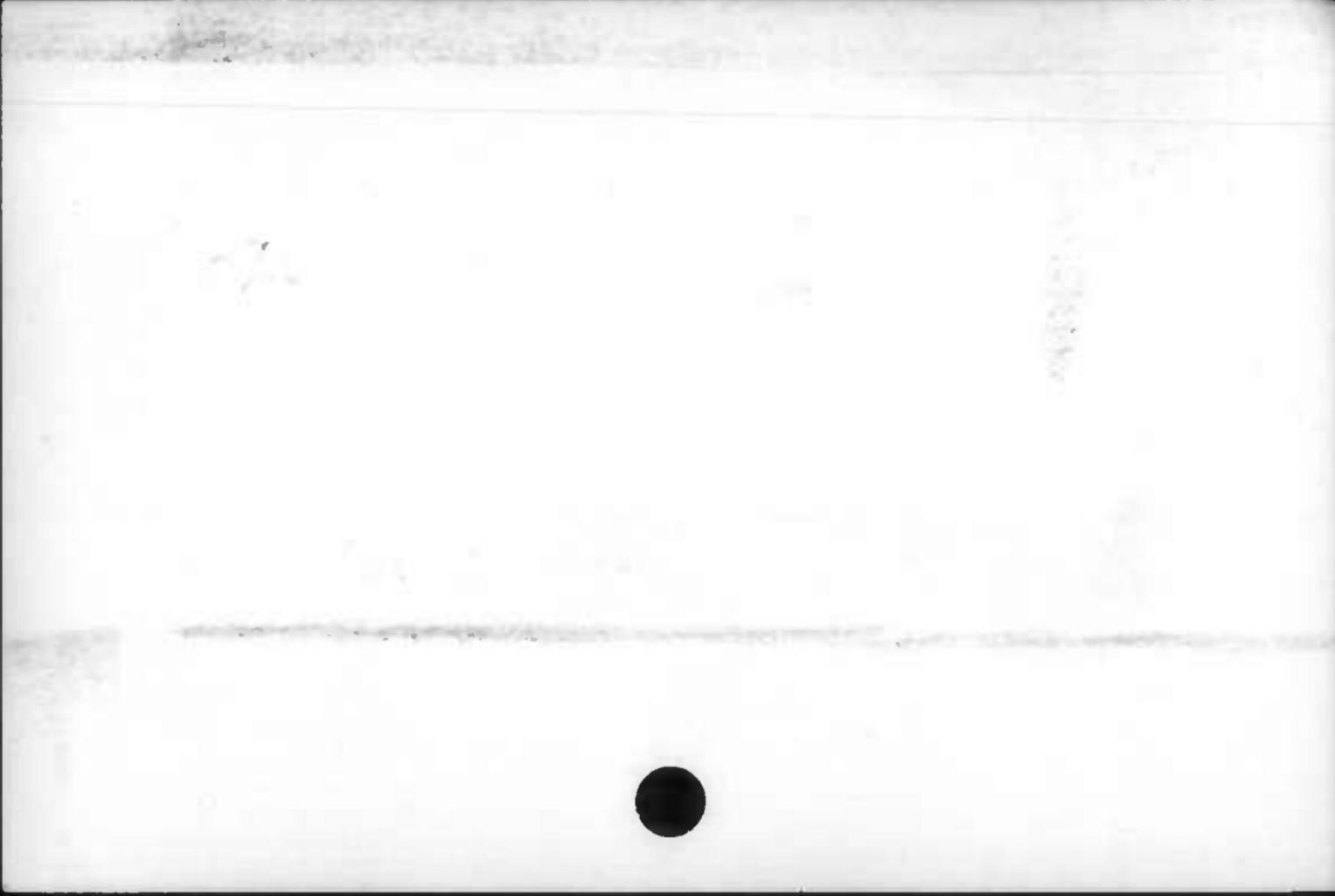
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Gifford  
Upper Marlboro  
Md

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Laurel</u>		Town	County <u>Prince George</u>		MARYLAND
Date of death <u>1960</u>	Month <u>Feb.</u>	Day <u>20</u>	Years <u>1 1/2</u>	Days <u>days</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Age <u>1 1/2 days</u>			Birth-place <u>Laurel</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		<u>George Sable</u>		
Father's Name <u>George Sable</u>			Father's Birthplace <u>Annapolis</u>		
Mother's Maiden Name <u>Dora A. Sable</u>			Mother's Birthplace <u>Laurel</u>		
Name of person giving Information <u>Kellie Neuman</u>			How related to deceased <u>Sister</u>		

## CAUSES OF DEATH

Primary

Inanition

151

How long

1 mth.

How long

Immediate

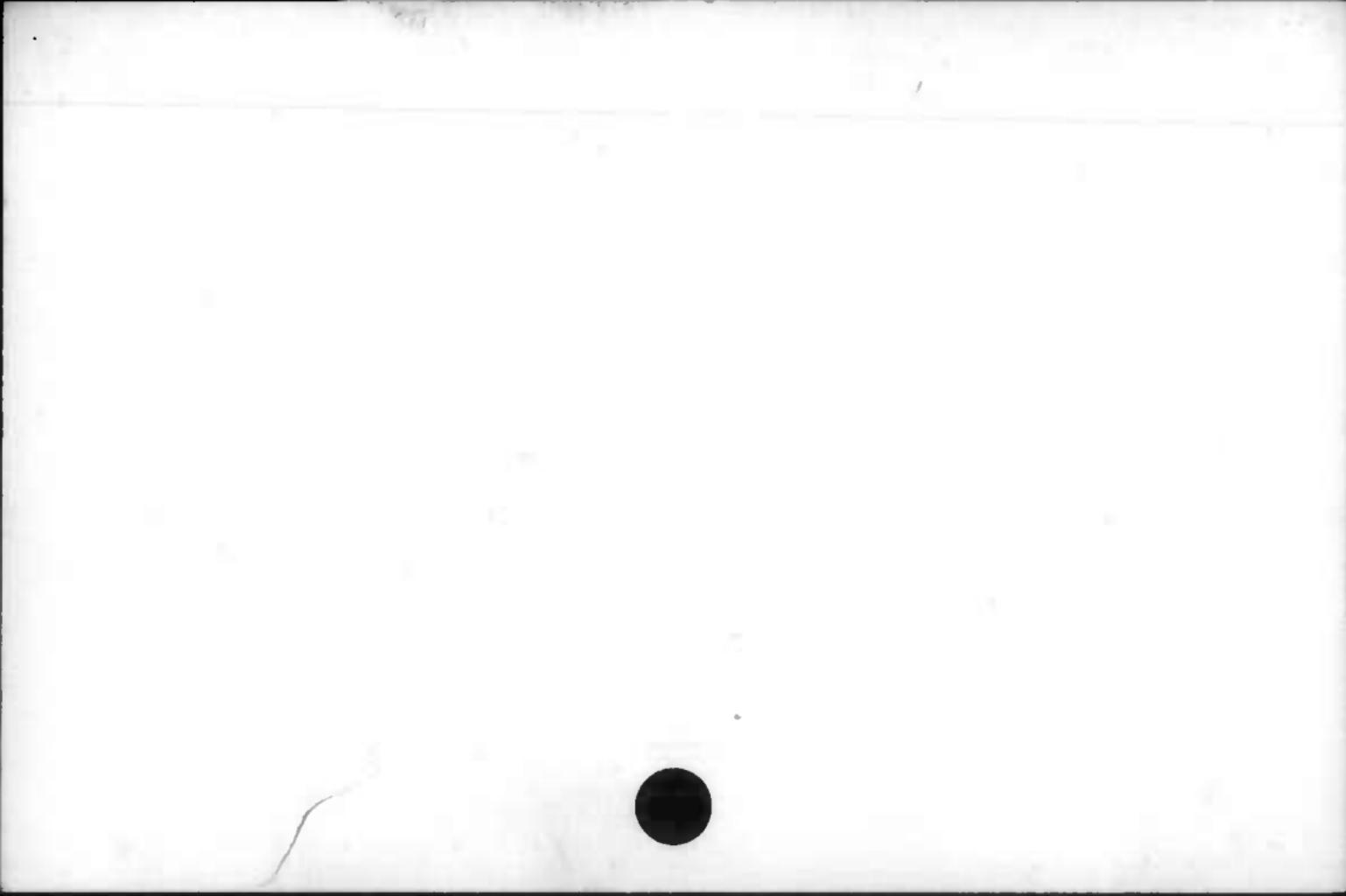
Yes

Signature of Physician

Address

Dr. R. L. HarveyLaurel  
Md

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Thomas Geary

CERTIFICATE OF DEATH

Died at Town

Oxon Hill

County

Prince George Co.

MARYLAND

Date Month Day

of death 19015 Feb 19

Years Months Days

Age 84

Sex Male

Color or  
Race

White

Birth-  
place

Ad

Occupation

Inmate

Where Residing if not  
at place of death

Residence of Fisher

Married Single  
or Widowed

Name of Wife or  
Husband

Margaret Buffy

Father's  
Name

Thomas Geary

Father's  
Birthplace

Oxland

Mother's  
Maiden Name

Annie Spellman

Mother's  
Birthplace

MD

Name of person giving  
Information

Naomi Fisher

How related  
to deceased

Had charge  
of him

CAUSES OF DEATH

69

Primary

Epilepsy

How long

18 yrs

Immediate

Convulsions

How long

Are the name, age, sex, color, date  
and place correctly given above?

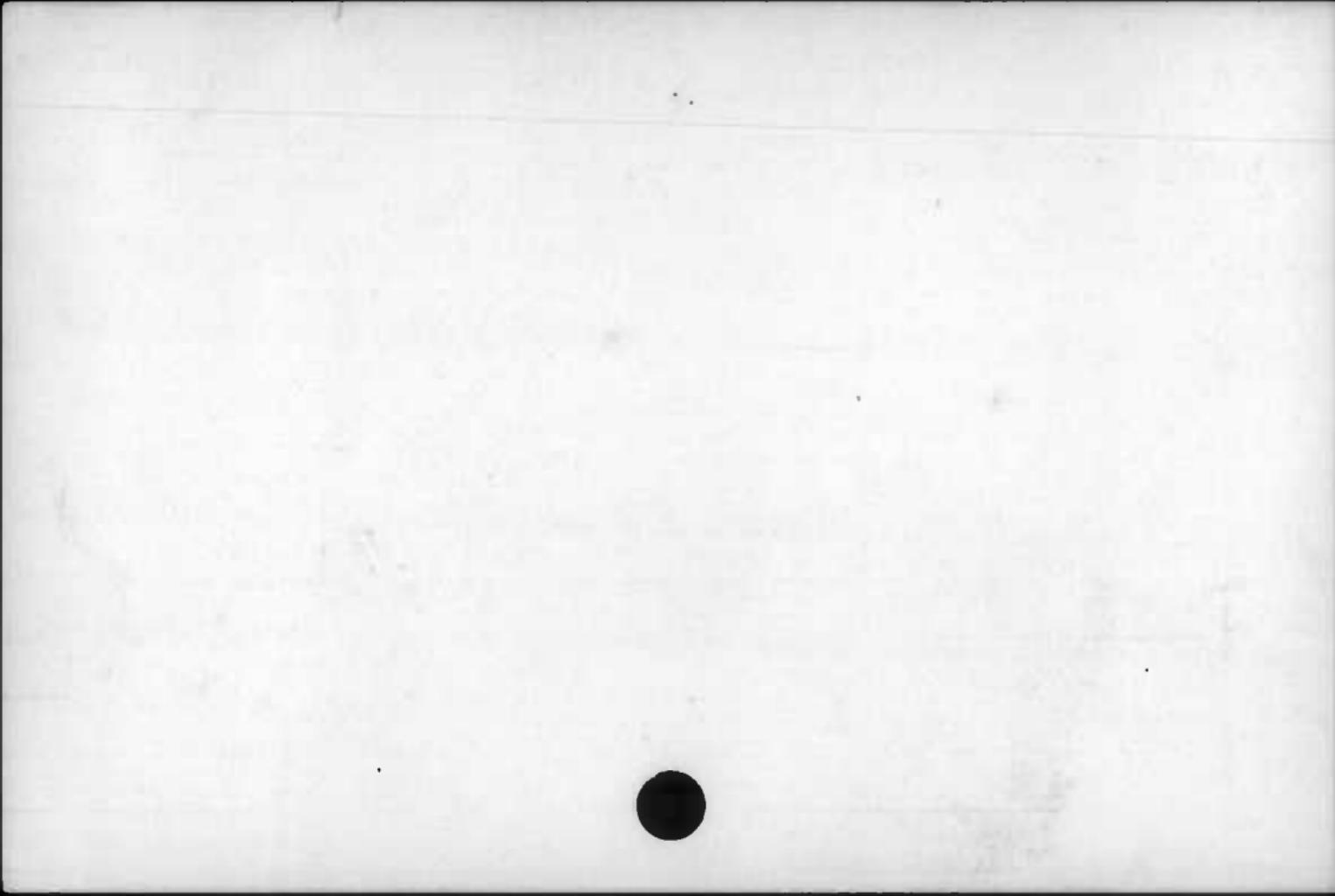
Yes

Signature of  
Physician

Address

E. Simpson  
Daisy Heights  
R.D. 5

Accident or Suicide?



Name  
in  
Full

Thomas E. R. Germanau

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	County			MARYLAND	
Died at	Bronchville	Month	County	Monthe	Deys
Date of death	1900	Feb	Age	75	11
Sex	Male	Color or Race	white	Birth-placa	Balto. Co. Md
Occupation	At home	Where Residing if not at place of death			
Marriad, Single or Widowed	Married	Name of Wife or Husband	Anna Van Horn Germanau	Fathar's Birthplace	Balto. Co. Md
Father's Name	Deneidet Germanau			Mothar'a Birthplace	Balto. Co. Md
Mothar's Maiden Name	Mary Bayn			How related to deceased	Wife
Name of pareon giving Information	Anna U.S. Germanau			How long	10 days

CAUSES OF DEATH

10

How long

10 days

How long

24 hours

Primary

Gripe followed by Broncho Pneumonia

Immediate

Apsosa

Are the name, age, sex, color, date and piece correctly given above?

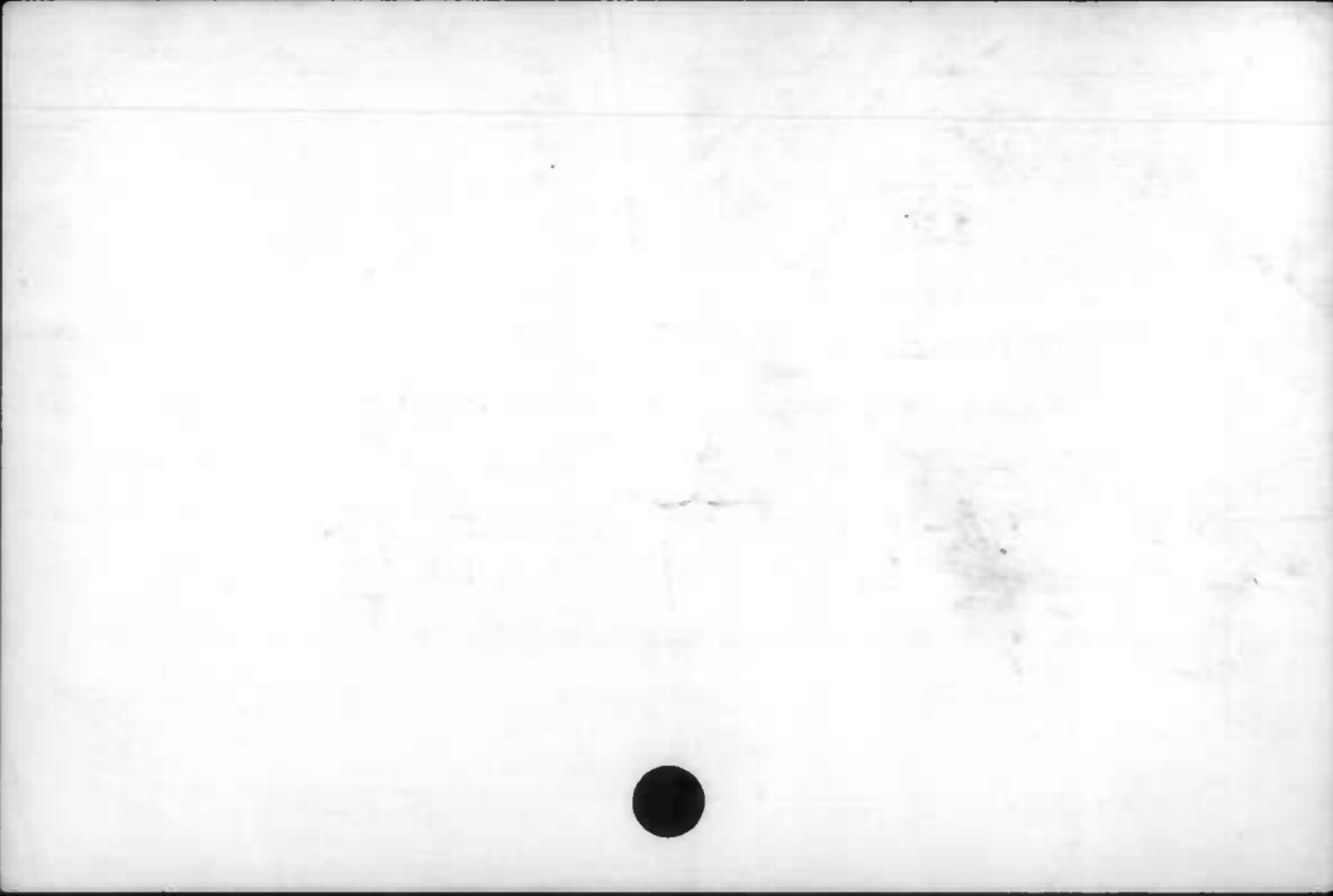
Signature of Physician

Address

A. J. Etienne

Besoyou Md

Accident or Suicide



Name  
in  
Full

Louis Giachetti

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hyattsville Town \_\_\_\_\_ County Prince Gso MARYLAND  
Date of death 1910 Month Feb. Day 14 Years 57 Months    Days     
Sex Male Color or Race White Birth-place N.Y.

Occupation

Janitor

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

Peter Giachetti

Father's  
Birthplace

Italy

Mother's  
Maiden Name

Catherine Desmond

Mother's  
Birthplace

Ireland

Name of person giving  
Information

William Giachetti

How related  
to deceased

Brother

CAUSES OF DEATH

Primary

Pneumonia

93

Immediate

"

How long

six days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. L. Willis

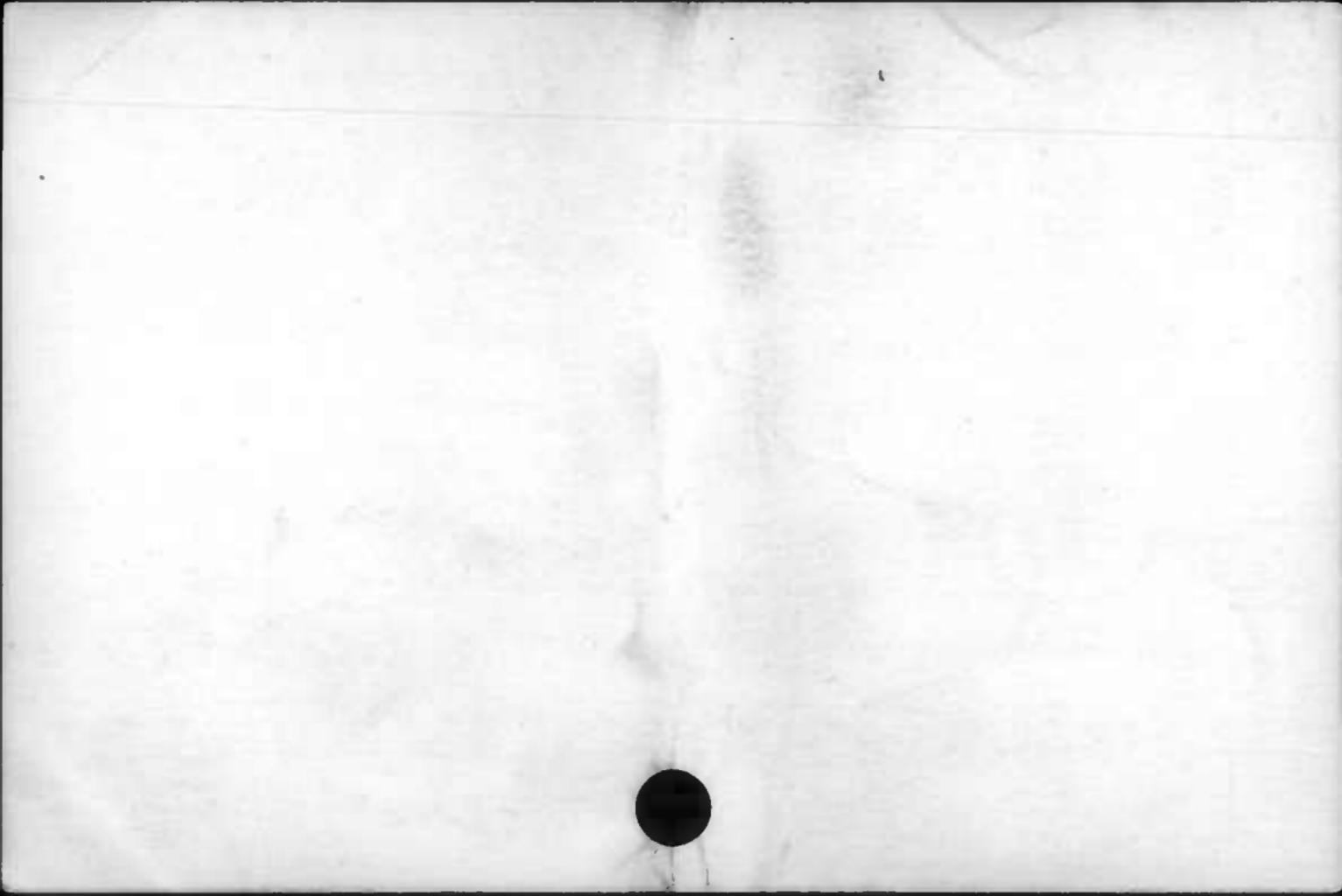
Address

Hyattsville  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

no



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

William L. Guyton

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Glendale

County

P. George

Date  
of death 190

Month

Feb 7th

Day

Years

75-

Months

-

Days

-

Sax

Male

Color or  
Race

White

Birth-  
place

Bellair Md

Occupation

Carpenter

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

don't know

Father's  
Name

Unknown

Father's  
Birthplace

Mother's  
Maiden Name

"

Mother's  
Birthplace

Name of person giving  
Information

N. E. Mulliken

How related  
to deceased

Not related

69

How long

How long

Primary

CAUSES OF DEATH

Found dead in his

Immediate

building, he was an epileptic and I  
think he fell and died from exposure of the cold

Are the name, age, sex, color, date  
and place correctly given above?

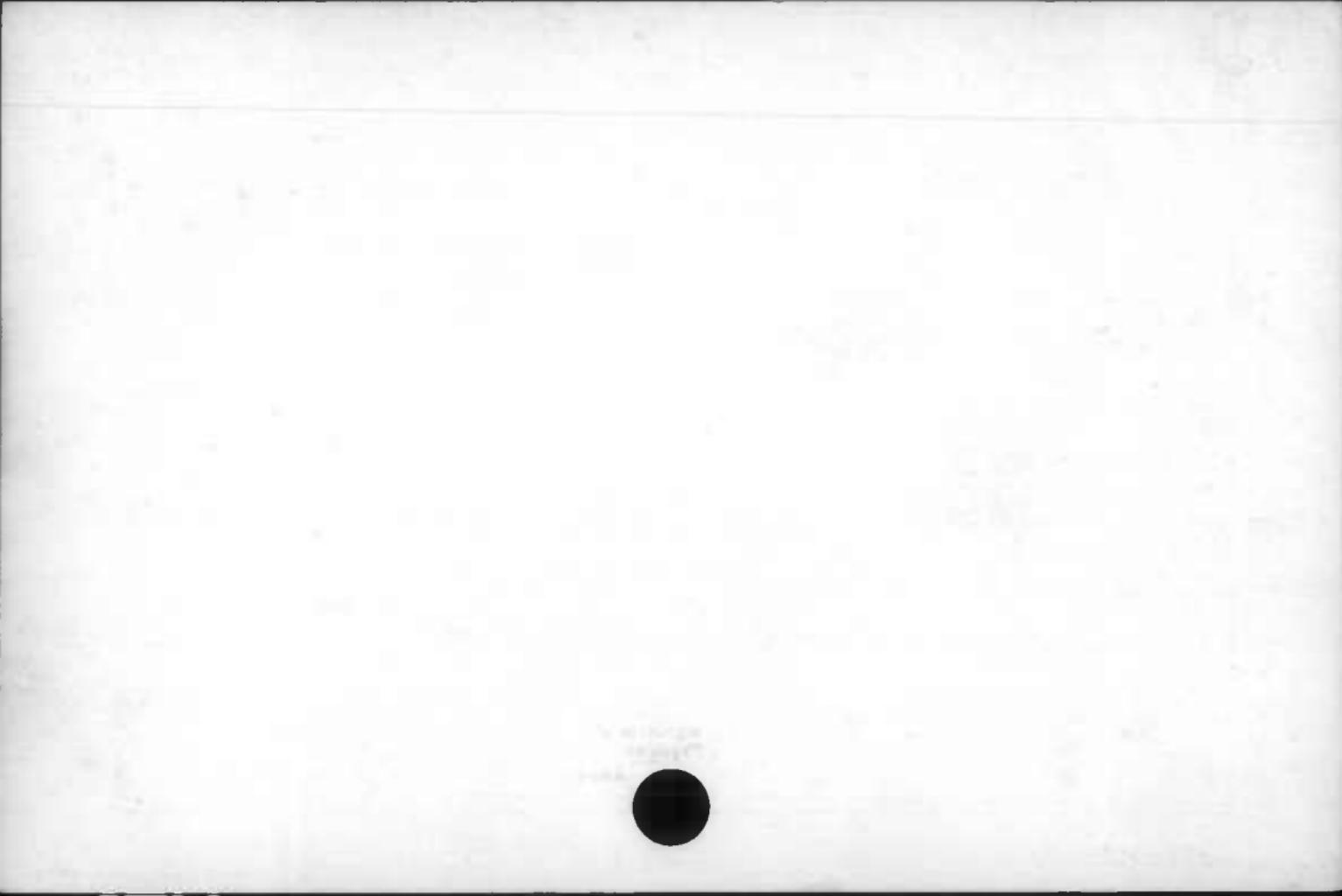
Physician

Address

Garrison & Bryant  
Bowie Md

Accident or Suicide

no



Name  
in  
Full

Wilfrynn H. Hale

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1910	Feb	5	86
Sex	Color or Race	Birth-place	Days
Male	white	Md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Sharette E Hale	
W.M. H. Hale		Father's Birthplace	md
Mother's Maiden Name	Susanna	Mother's Birthplace	94 <sup>d</sup>
Name of person giving Information	Lee Hale	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Congestive of lungs

94<sup>v</sup>

2 days

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W.H. Gibbons  
Crown md

Accident or Suicide



Name  
in  
Full

Byron D. Hamlet

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	Prince George	County	MARYLAND
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	33	11 3
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Garwood, N.Y.		
Father's Name	Ohio			
Mother's Maiden Name	Arkansas			
Name of person giving information	How related to deceased			

Lansdowne

10 Feby 24

male White

Hotel Keeper

Married Mary C Hamlet

George B Hamlet

Lucilla Watson

George B. Hamlet

91 Father

CAUSES OF DEATH

Primary  
Lobular Pneumonia

91

5. Days

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

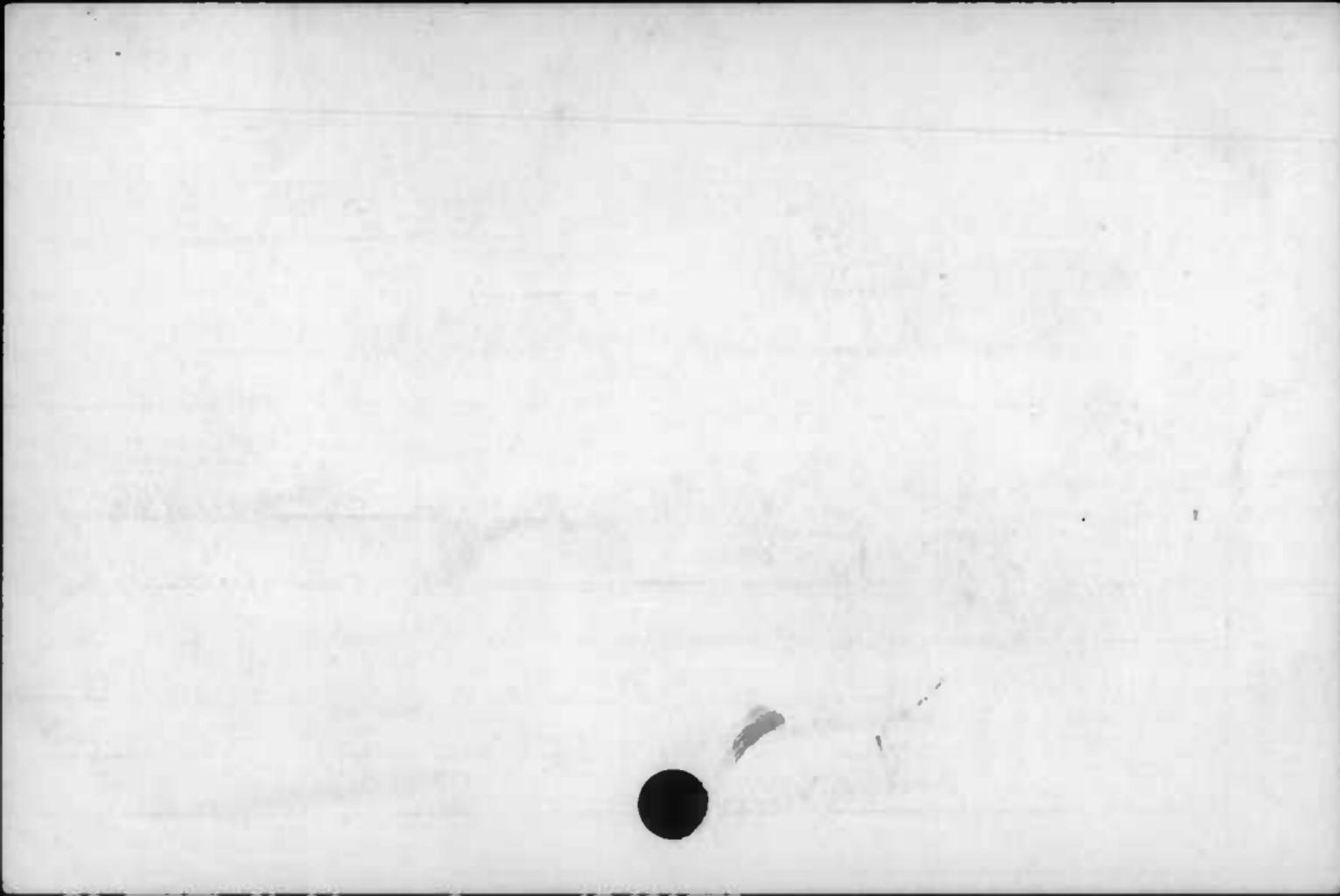
Nelson A. Ryerson

Address

Bowie

Accident or Suicide?

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sarah Harper

CERTIFICATE OF DEATH

Died at	Town	Prince George		Count	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race	Female colored		Birth-place	Maryland	
Occupation	Housewife					
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death				
Father's Name	Henry Gantt		Father's Birthplace	Maryland		
Mother's Maiden Name	unknown		Mother's Birthplace			
Name of person giving information	Thomas Harper		How related to deceased	Son		

CAUSES OF DEATH

189

Primary	Unknown	Hospital	
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

yes

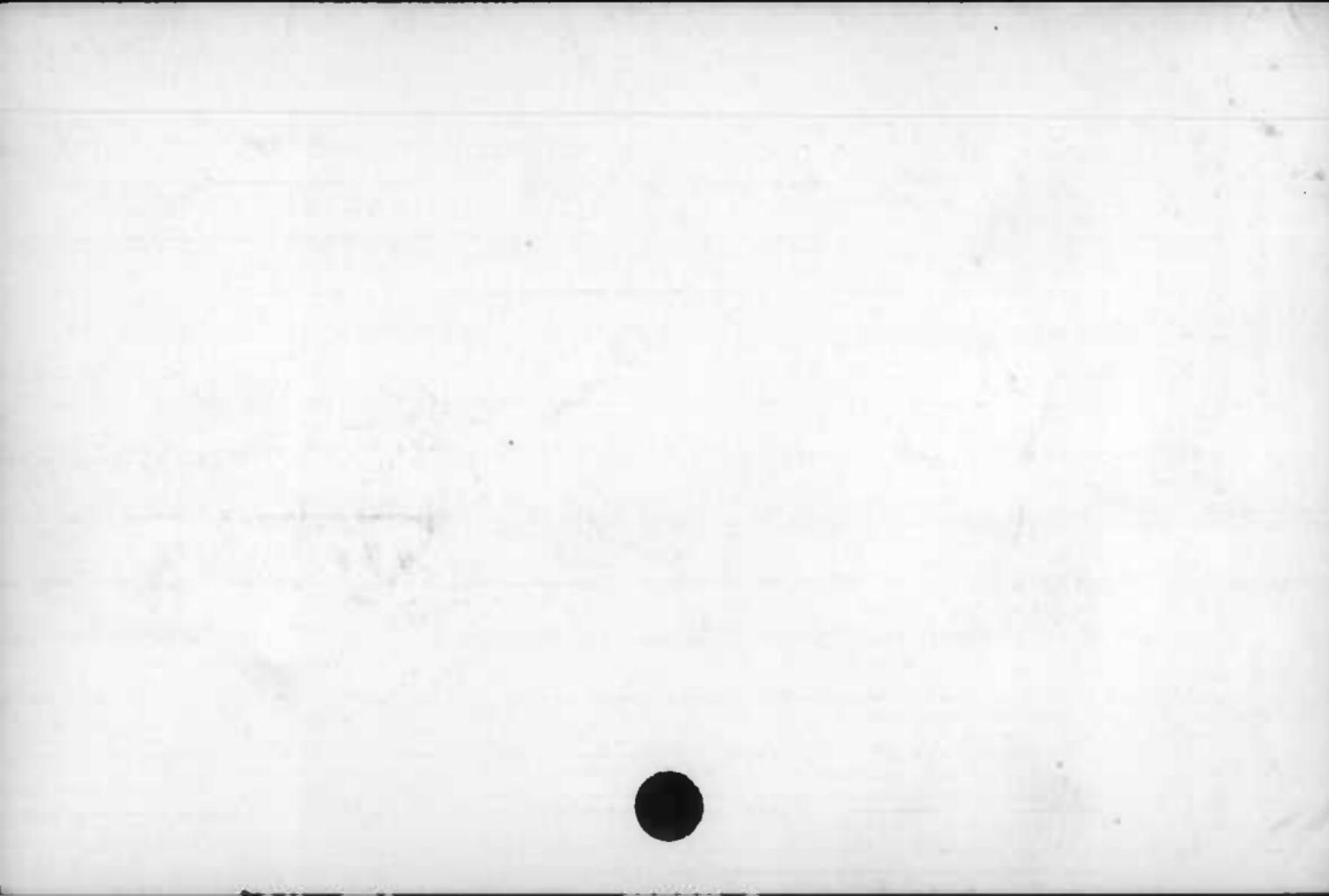
Signature of Physician

Ernest O. Garner

Address

St. Ch coroner  
North keys, Md.

Accident or Suicide?



Name  
in  
Full

Fred Levi Hawkins  
Town  
Meadows  
County  
P. & S. Co.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Month	Day	Years	Months	Days
Date of death 1909	Feb	16	Age 22	-	-

Sex Male	Color or Race Colored	Birth-place Md.
----------	-----------------------	-----------------

Occupation Labour	Where Residing if not at place of death
-------------------	---

Married, Single or Widowed Married	Name of Wife or Husband Alestria Hawkins.	Father's Birthplace Md.
------------------------------------	---	-------------------------

Father's Name John P. Hawkins.	Mother's Birthplace Md.
--------------------------------	-------------------------

Mother's Maiden Name Mary Emily Sleek	Father's Name John P. Hawkins.
---------------------------------------	--------------------------------

Name of person giving information	How related to deceased Father.
-----------------------------------	---------------------------------

## CAUSES OF DEATH

28 ✓

Primary

Tuberculosis.

How long

6 mos.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

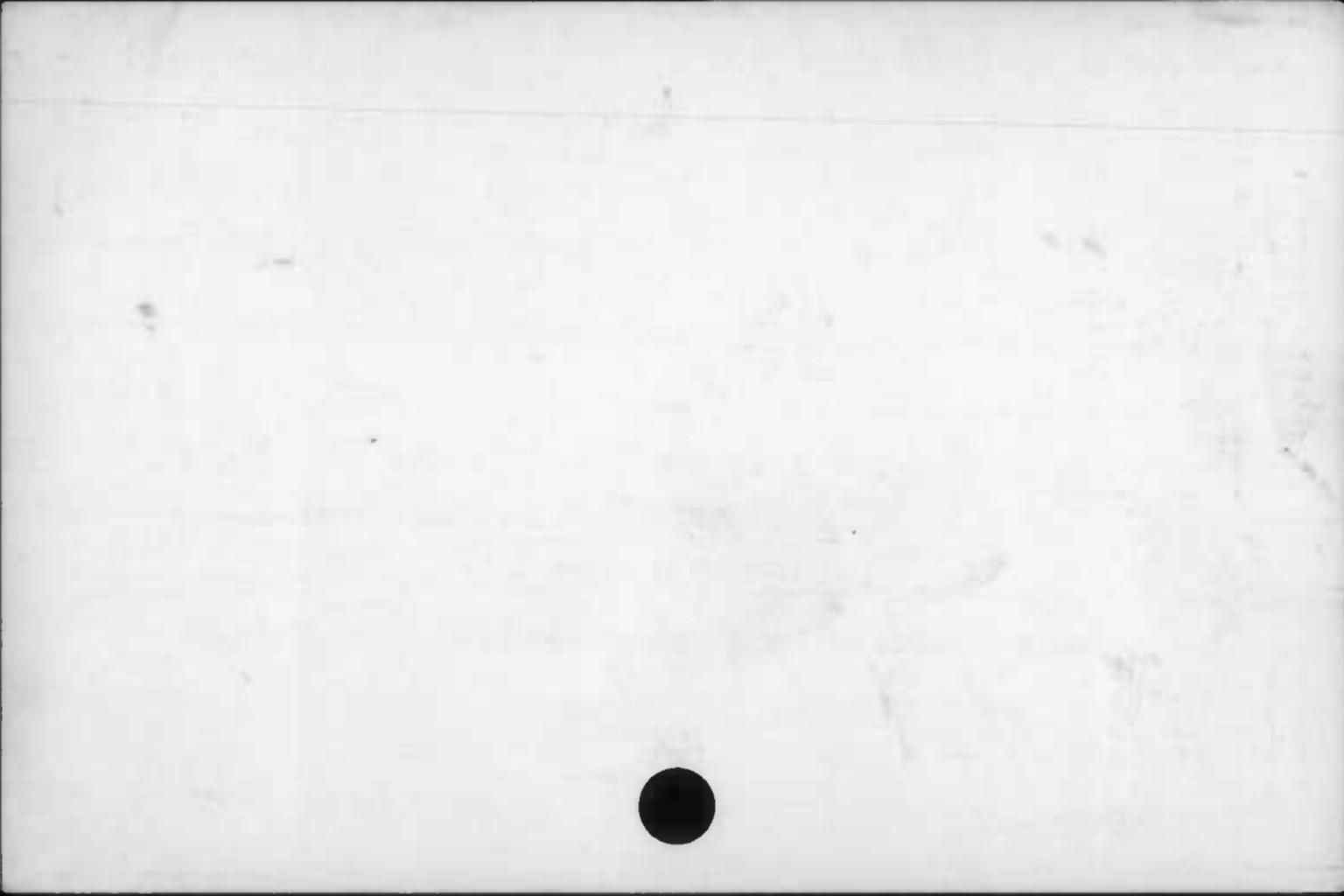
yes

Signature of Physician

Address

John E. Sainsbury.  
Fosterville.  
Md.PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Paul Higdon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Capitol Height Town Prince Georges County  
Date of death 1940 Month Feb Day 27 Years — Months — Days  
Sex male Color of Race white Birthplace Md  
Occupation — Where Residing if not at place of death —

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name

John St. Higdon

Father's Birthplace

Md

Mother's Maiden Name

May Hoffman

Mother's Birthplace

W.B.

Name of person giving Information

Jr. St. Higdon

How related to deceased

Son Father

CAUSES OF DEATH

Primary

plumilar pericardia

9 mos.

Immediate

asphyxia

15 min.

Are the name, age, sex, color, date and place correctly given above?

yes

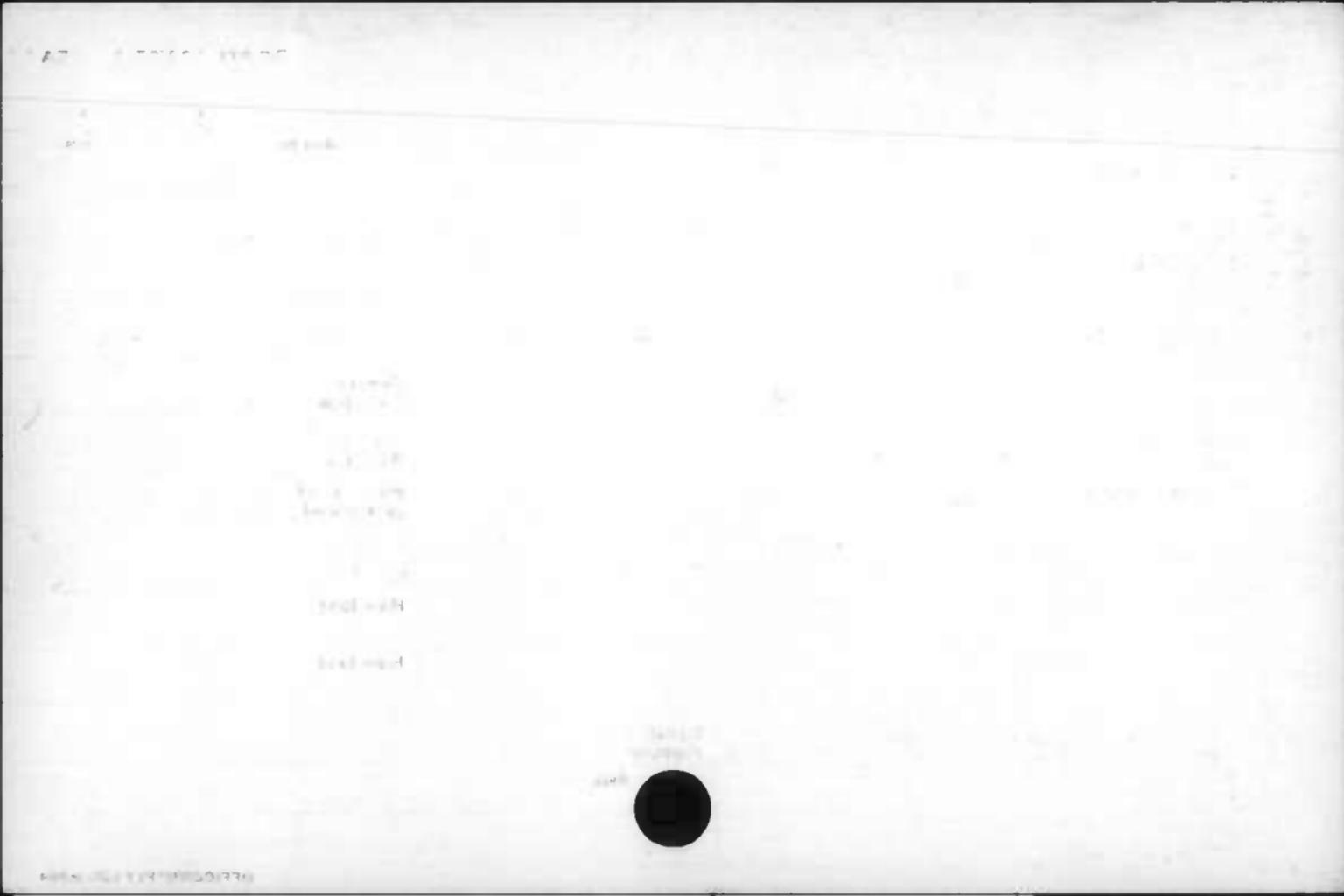
Signature of Physician

Address

J M Brady  
Hospital, Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ellen F. Holden

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Hyattsville	County	Prince Geo	MARYLAND									
Date of death	1900	Month	Feb	Day	18	Years	80	Age	—	Months	—	Days	—
Sex	Female	Color or Race	white	Birth-place	Hyattsville.								
Occupation	House wife	Where Residing if not at place of death	Hyattsville										
Married, Single or Widowed	married	Name of Wife or Husband	Frederick A Holden										
Father's Name	Collins Capron	Father's Birthplace	R.I.										
Mother's Maiden Name	Caroline Salsby	Mother's Birthplace	N.H.										
Name of person giving Information	Frederick A Holden	How related to deceased	Husband										

CAUSES OF DEATH

(18)

PHYSICIAN  
OR CORONER

Primary Erysipelas  
How long four days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

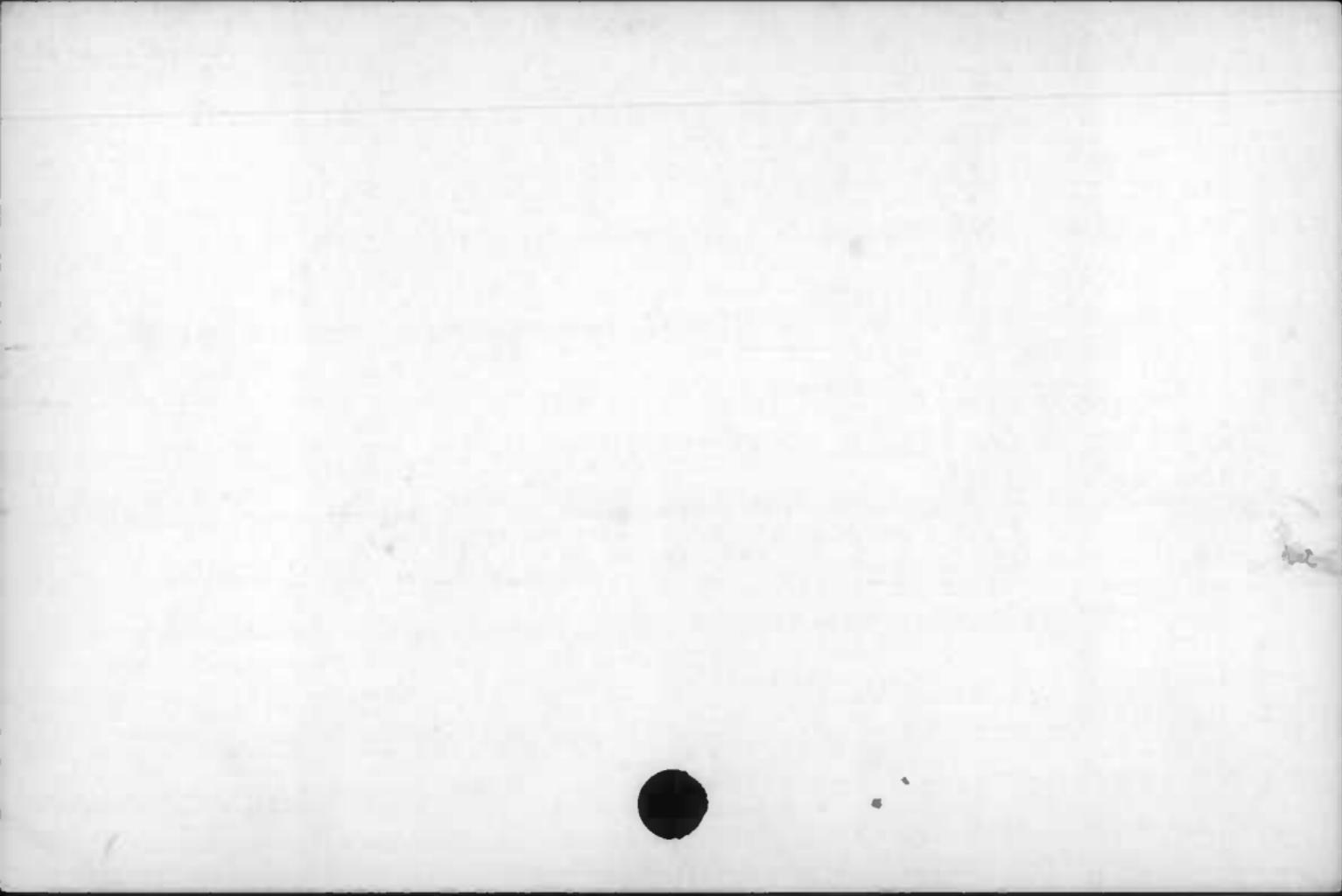
H. G. Willis

Address

Hyattsville  
Md.

Accident or Suicide?

no



Name  
in  
Full

Blanch Vanell Jackson.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	17 B.	Town	Pr. Geo.	County	MARYLAND	
Date of death	1910	Month	18	Years	Months	Days
Sex	female	Age	Colored	Birth-place	5	
Occupation	Where Residing if not at place of death					Maryland
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Wm Jackson.					Md
Mother's Maiden Name	Lottie Jackson,					Md
Name of person giving Information	William Jackson.					father

CAUSES OF DEATH

151

How long

How long

Primary

Spinal Heatnep -

Immediate

Exhaustion.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

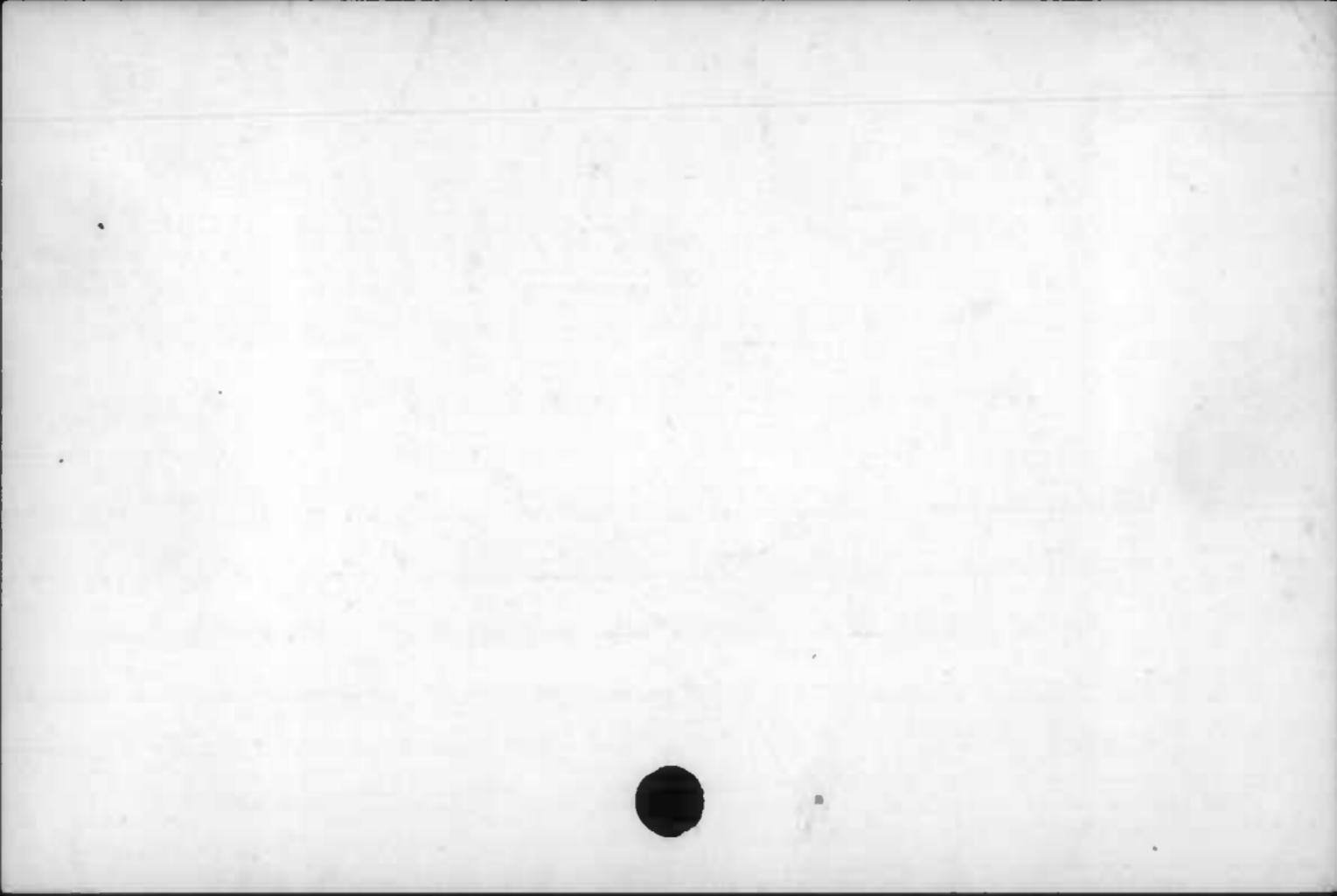
acting Coroner, William H. Squibb Jr.

Address

Brandywine.

Accident or Suicide?

Md



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full		Elizabeth Johnson		County		MARYLAND	
Died at	Town	Bowie	Month	Month	Year	Month	Day
Date of death	190	Feb.	15	Age	80	9	
Sex	Female	Color or Race	white	Birth- place	Unknown		
Occupation	Housework		Where Residing if not at place of death	Unknown			
Married, Single or Widowed	widow	Name of Wife or Husband	John W. Johnson	Father's Birthplace	Unknown		
Father's Name	John Taylor			Mother's Birthplace	Unknown		
Mother's Maiden Name	Unknown			How related to deceased	Granddaughter		
Name of person giving Information	Betha Phelps			91	How long		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Bronchial Pneumonia

91

How long

Immediate

Cardiac asthma

Two days

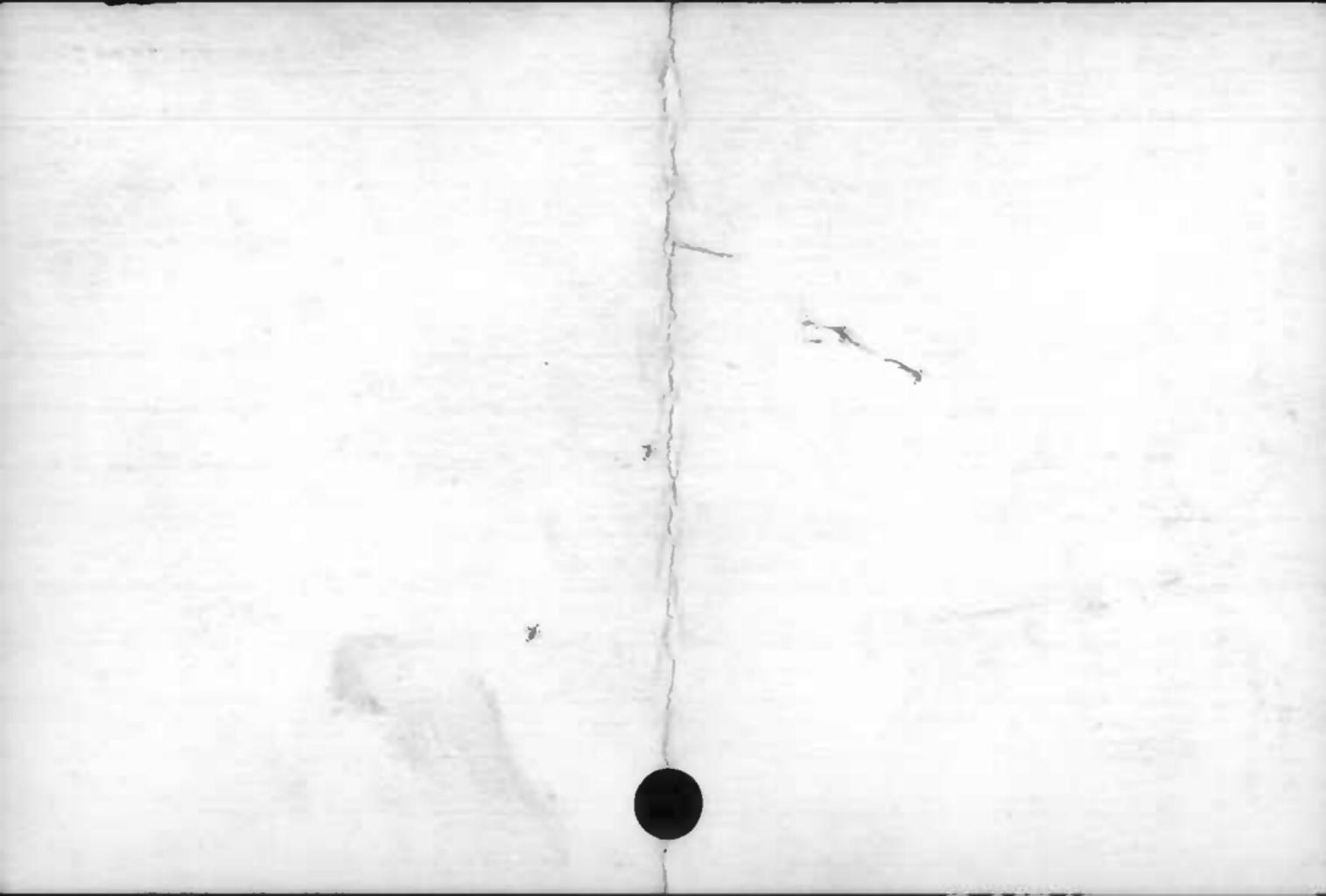
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. M. Dillard M.D.  
Springfield

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Days

Died at Apper Marlboro'

Town  
Date of death 1900 Month 2 Day 6

County Anne Arundel

Years \_\_\_\_\_ Months \_\_\_\_\_

Age \_\_\_\_\_

Sex Male

Color or Race

Black

Birthplace P. G. Co. Md.

Occupation \_\_\_\_\_

Where Residing if not  
at place of death \_\_\_\_\_

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

John J. Jones

Father's Birthplace

P. G. Co. Md.

Mother's  
Maiden Name

Mary E. Boyd

Mother's Birthplace

P. G. Co. Md.

Name of person giving  
Information

John J. Jones

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Don't Know

189

How long

Immediate

How long

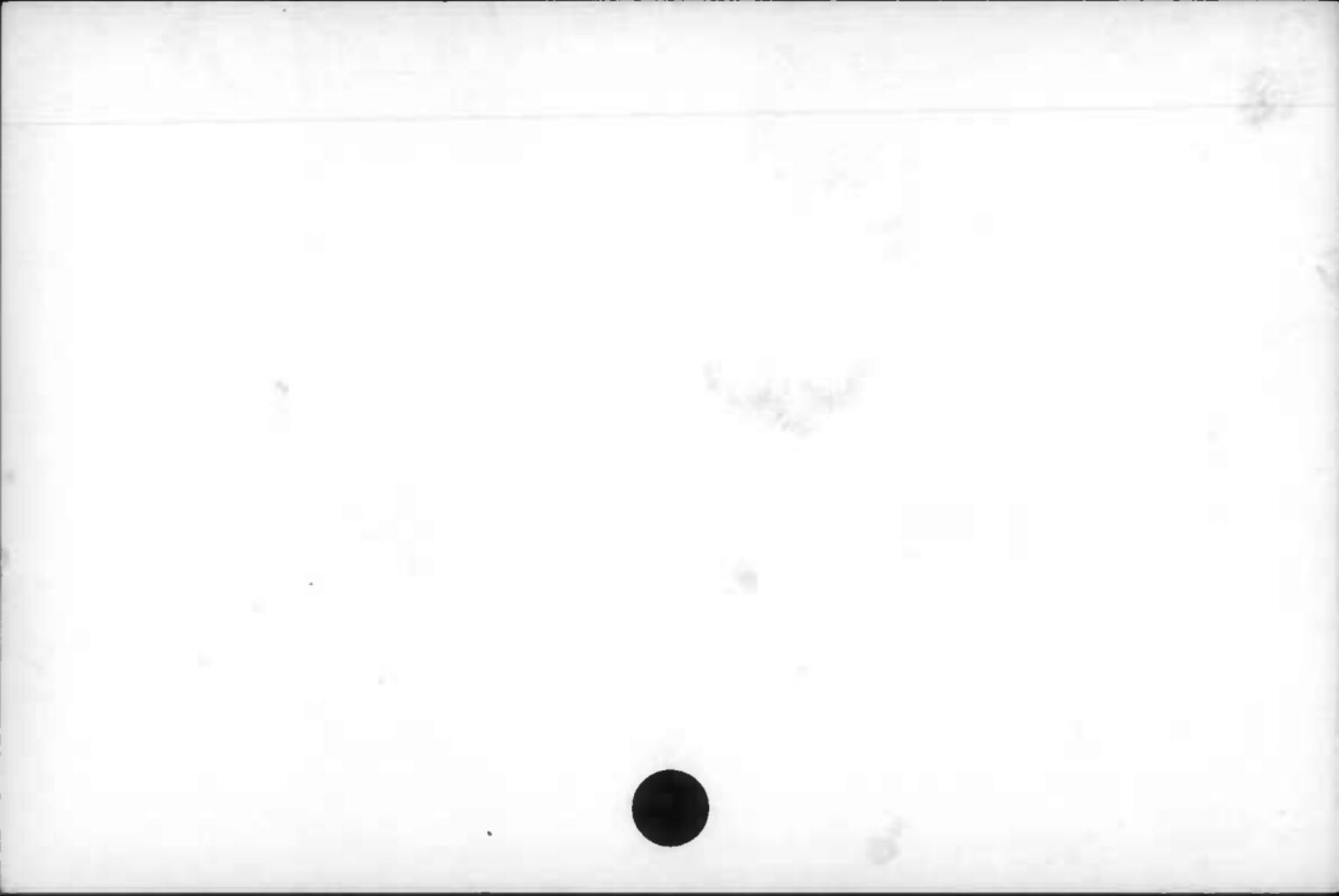
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

R. E. Gray Smith  
Sub Registrar  
Apper Marlboro' Md.

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town		County		Depart Jones		
Date of death	1910	Month	2	Day	6	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Maryland			
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	—		Name of Wife or Husband	—				
Father's Name	Richard F Jones							
Mother's Maiden Name	Mary Agnes Smith							
Name of person giving Information	R. F. Jane							

## CAUSES OF DEATH

Primary

Still Born

(8) ✓

How long

Immediate

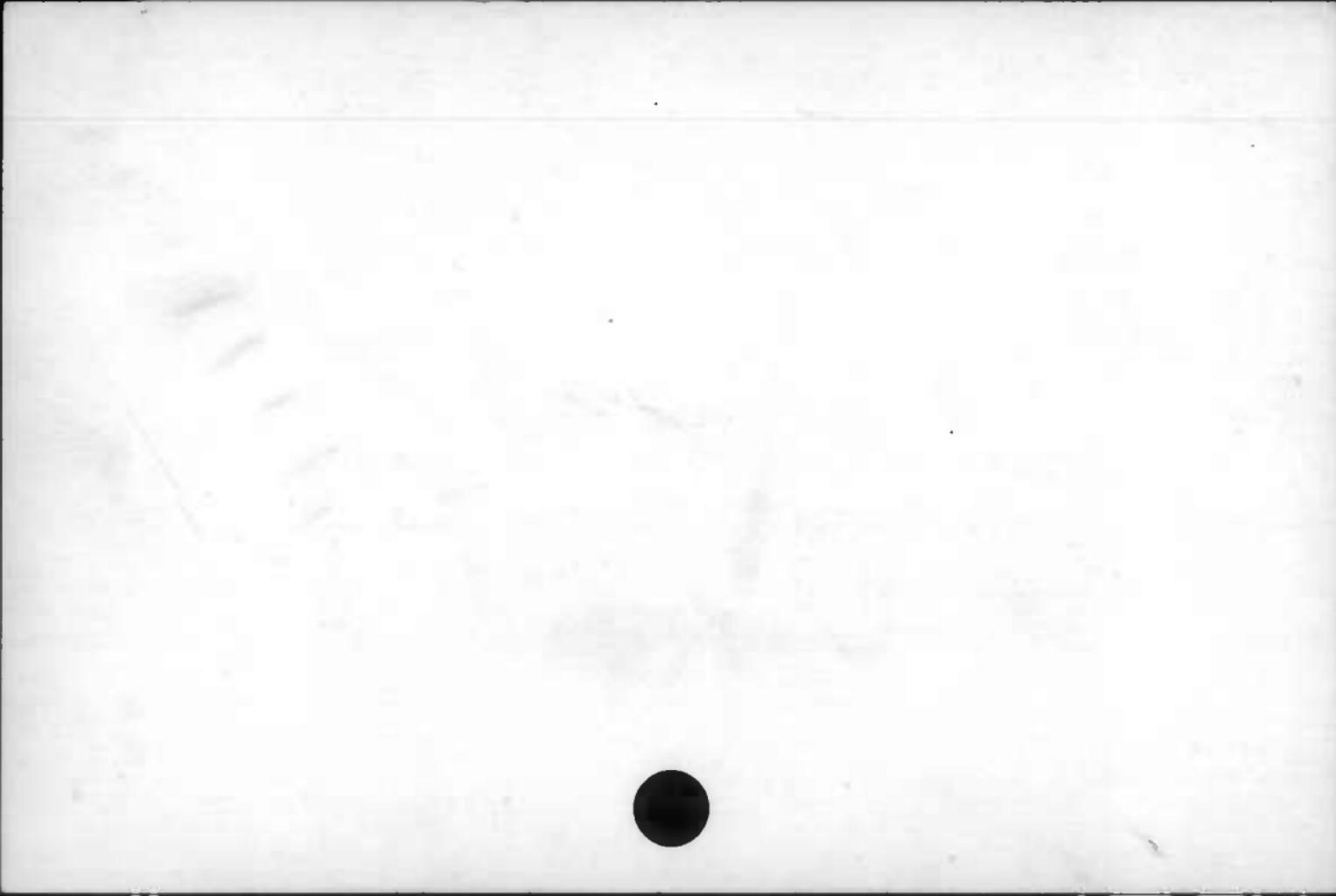
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Harry Haller, M.D.  
Mt Rainier, Md.

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James H. Kirk

Town  
Died at Foxedos

Date of death 1940 Month Feb.

Day 25

County

P. George

Years

Age 53

MARYLAND

Months

Days

Sex Male

Color or  
Race

White

Birth-  
place

Ind.

Occupation

Grocer

Where Residing if not  
at place of death

Foxedo Ind.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Maggie Kirk

Father's  
Name

Edward J. Kirk.

Father's  
Birthplace

Ind.

Mother's  
Maiden Name

Minnia J. Kirk.

Mother's  
Birthplace

Indiana

Name of person giving  
Information

Arthur Scofield

How related  
to deceased

Brother-in-law

CAUSES OF DEATH

Primary

Mening

119

How long

12 hours

Immediate

Asthenia

How long

30 minutes

Are the name, age, sex, color, date  
and place correctly given above?

yes

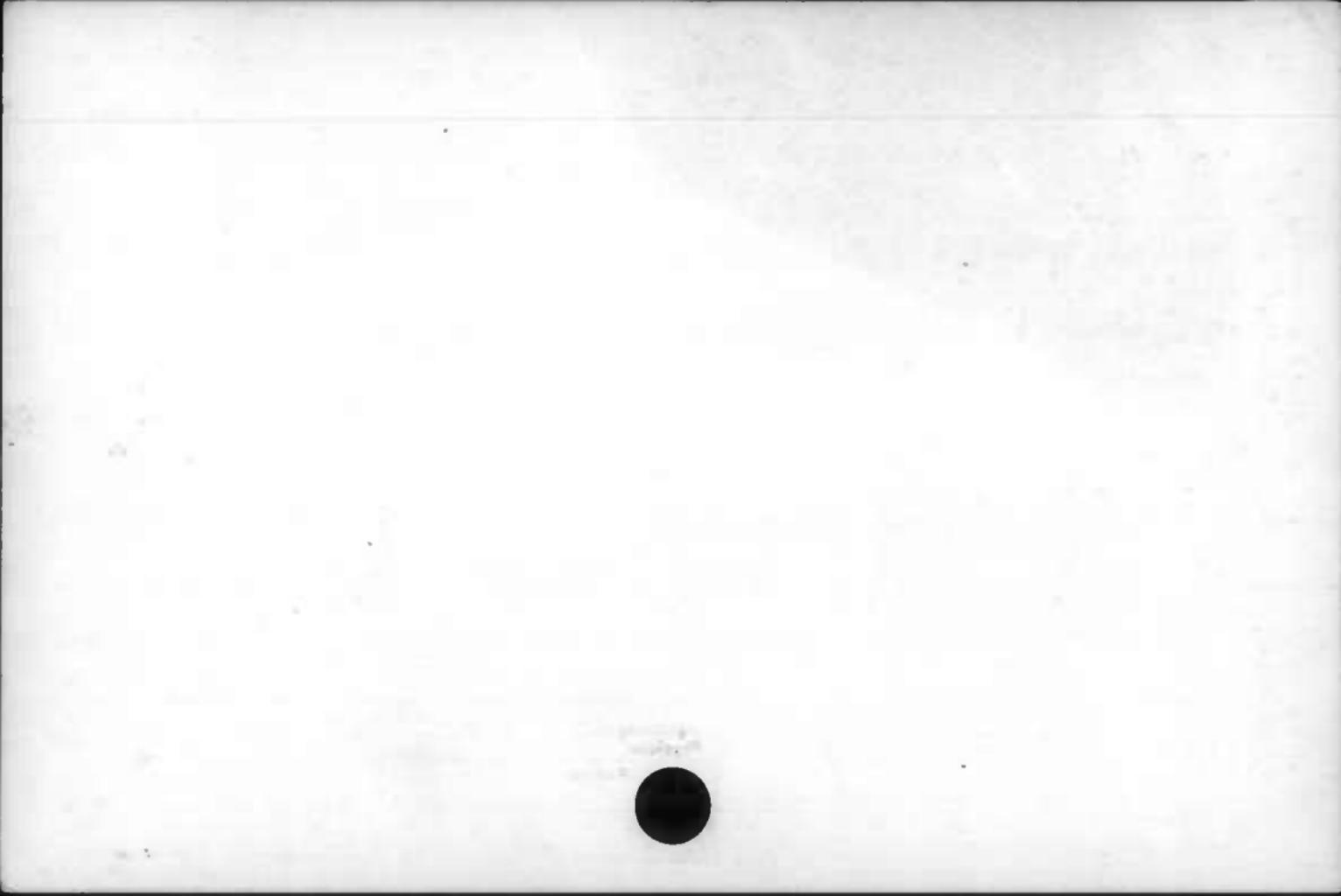
Signature of  
Physician

Address

L. S. Savage

Banning D. C.

Accident or Suicide



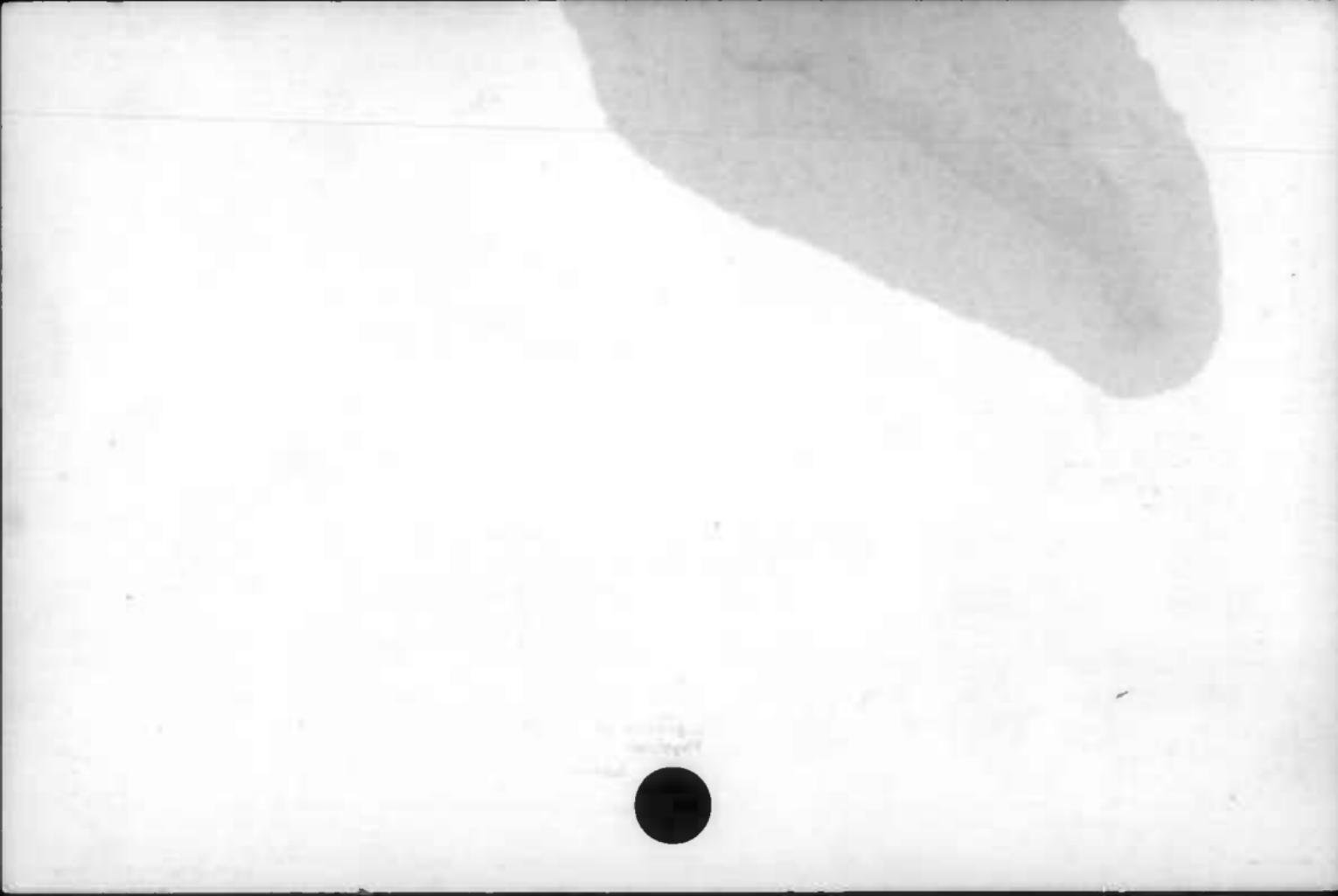
Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Still Birth CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Days
Sex	Color or Race	Birth-place	
Occupation			
Married, Single <del>or Widowed</del>	Name of Wife or Husband		
Father's Name	Ed F. Daughton	Father's Birthplace	va
Mother's Maiden Name	Maryah	Mother's Birthplace	Med.
Name of person giving Information	Kors. F. E. Daughton	How related to deceased	Mother.
CAUSES OF DEATH			
Primary	Still Birth.	How long	(S)
Immediate	Not known.	How long	v
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	N.E. Webb.
		Address	420-10 st. S.E. Washington D.C.
Accident or Suicide			



Name  
in  
Full

George Sauterat Sr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hyattsville

Date of death 1960 Month Feb

Sex Male

Occupation

Retired farmer

Married, Single  
or Widowed

Widowed

Color or  
Race

Age 79

Year 1960

County  
P. St. See

MARYLAND  
Months 11  
Days 15

Birth-  
place Germany

White

Where Residing if not  
at place of death

Father's  
Name

Unknown

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

Nephritis

120

How long

3 years

Immediate

Hypostatic Pneumonia

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

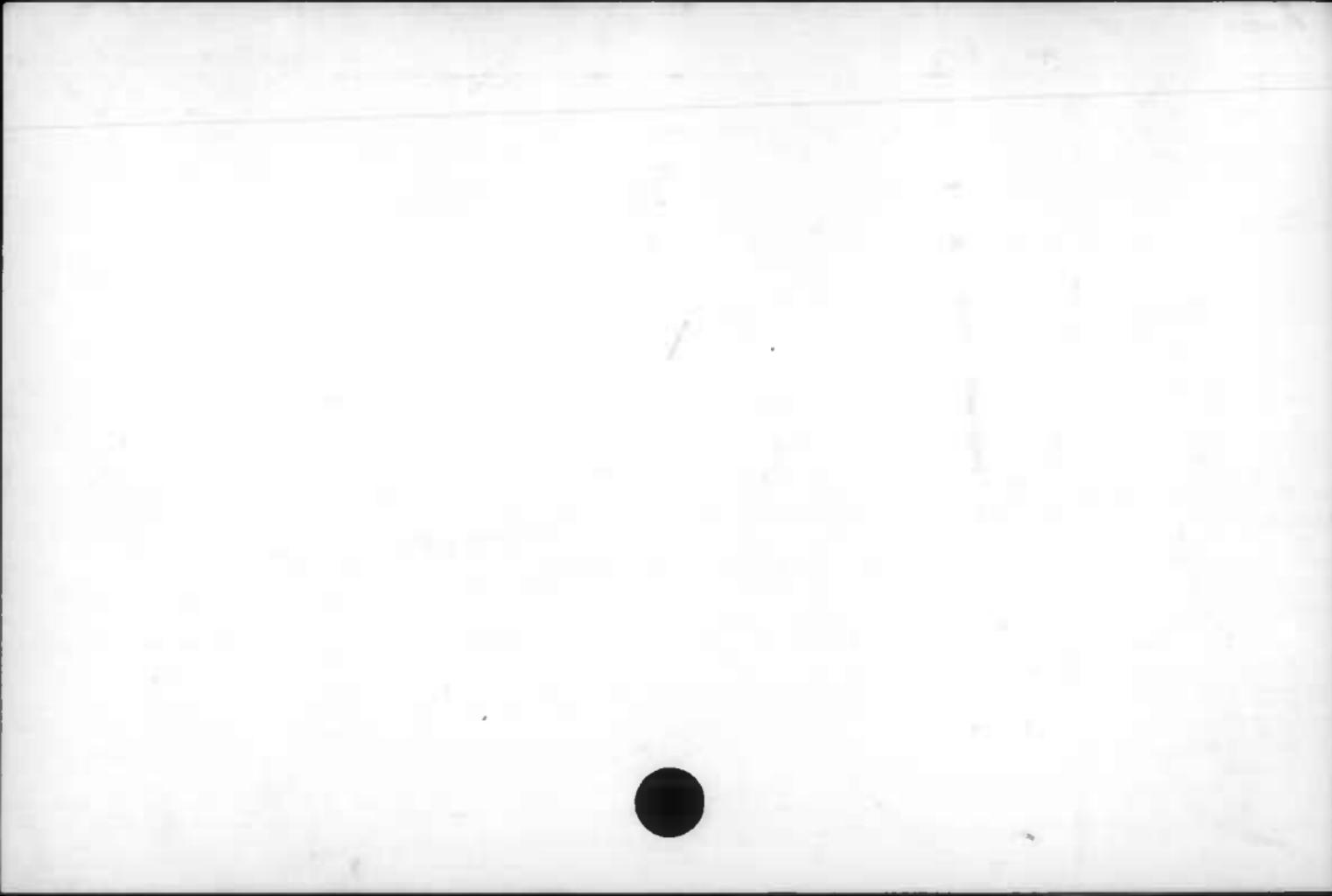
George Sauterat

Hyattsville  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide

Neither



Name  
in  
Full

John Lowndes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bowie Town P. George Co. County MARYLAND  
Date of death 1910 Month Feb Day 12 Years 58 Months - Days -  
Sex Male Color or Race Colored Birth-place P. Georgie Co.  
Occupation Laborer Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband Louisa Lowndes  
Father's Name Nace Lowndes Father's Birthplace P. George Co  
Mother's Maiden Name Eloisa Lowndes Mother's Birthplace Charles Co  
Name of person giving Information Patrick Hall How related to deceased Son in Law

PHYSICIAN  
OR CORONER

Primary

I saw patient at my office and gave him treatment and did not see him again for severe cold

Immediate

From description given me he developed Pneumonia died Feb 13<sup>th</sup> 1910

Are the name, age, sex, color, date and place correctly given above?

Yes

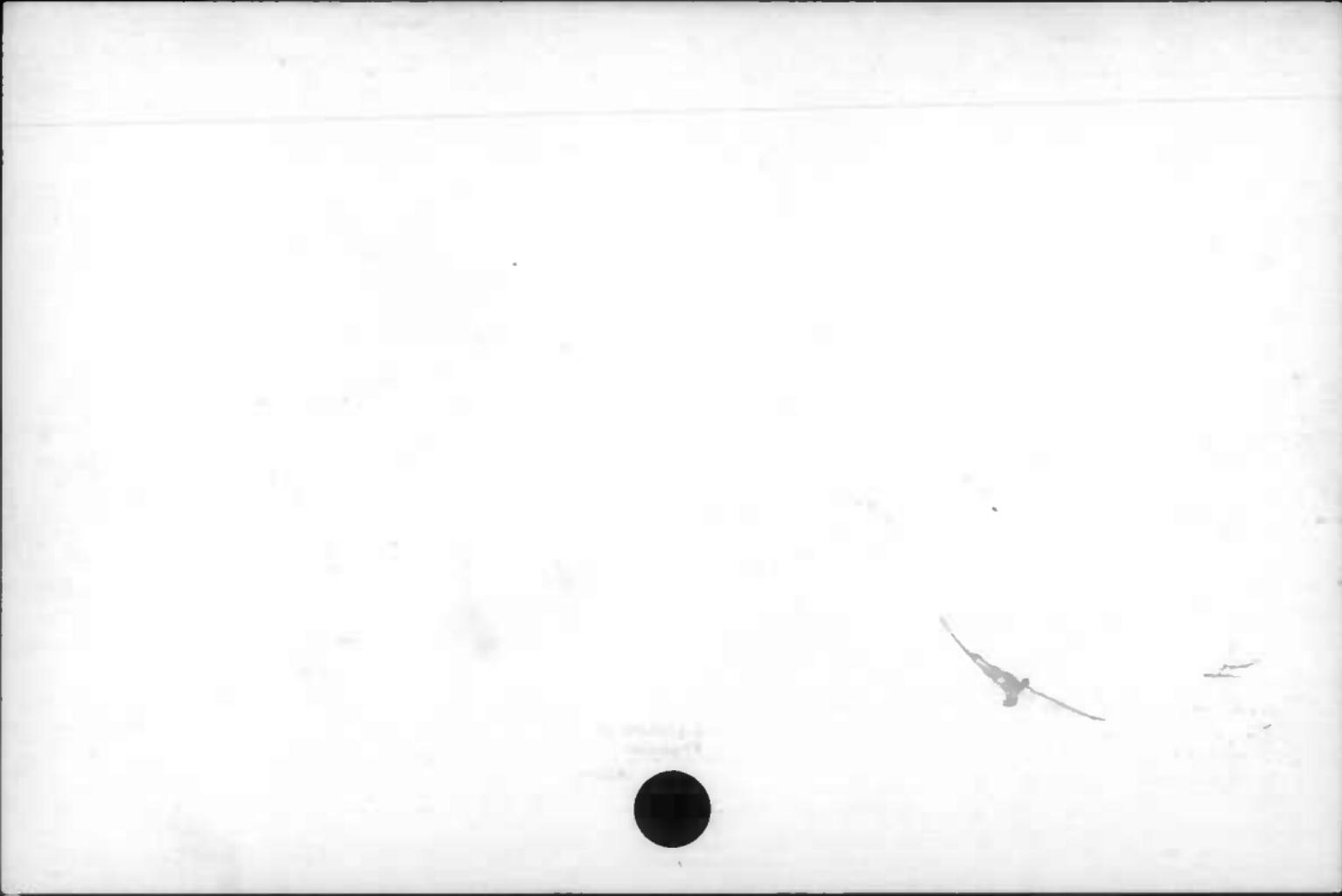
Accident or Suicide

No

Signature of Physician  
Address

James H. Truett  
Bowie

md



Name  
in  
Full

Bernard Luers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bowie Town County Prince George's MARYLAND

Date of death 1960 Month Day Years Months Days  
February 13 77 6 19

Sax Male Color or Race white Birth-place Germany

Occupation Retired merchant Where Residing if not at place of death Bowie

Married, Single Widower Name of Wife or Husband Anna J M. Luers, deceased

Father's Name Don't know Father's Birthplace Germany

Mother's Maiden Name Don't know Mother's Birthplace "

Name of person giving Information William Luers How related to deceased Son

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Pneumonia

93

How long

7 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

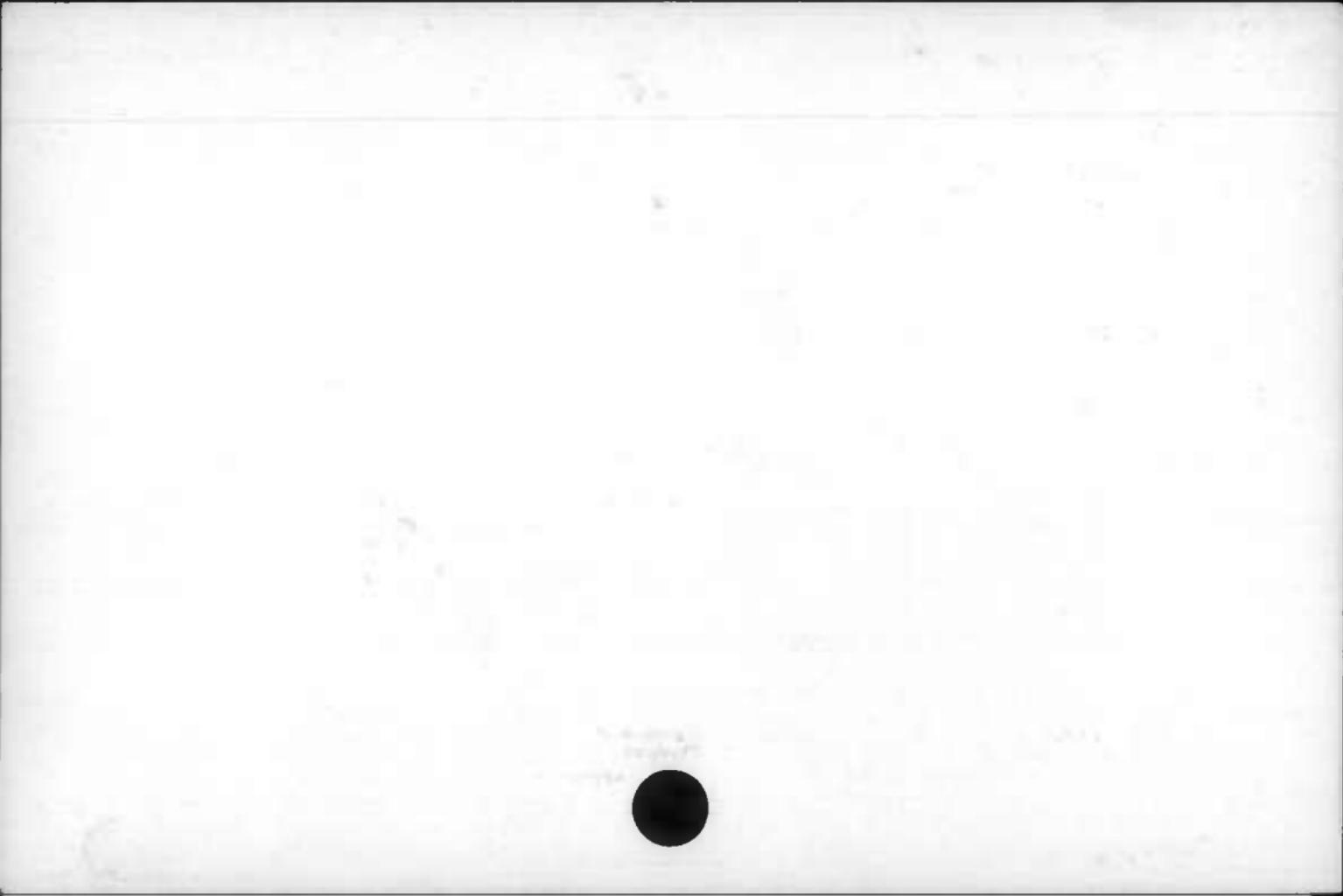
Address

Accident or Suicide

No

Nelson A Ryowens  
Bowie

MD



Name  
in  
Full

Chloris Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Princ	County	MARYLAND		
Died at	Malloughan		Months	Days	
Date of death	1960	Month	5	Age	Years
Sex	Female	Color or Race	Colored	Birth-place	Md
Occupation	Housewife	Where Reiding if not et place of daeth			
Married, Single or Widewed	Married	Name of Wife or Husband	Porter Miles		
Father's Name	Richard Ford			Father's Birthplace	Md
Mother's Maiden Name	Barbara Eglen			Mother's Birthplace	Md
Name of person giving Information	Rich Johnson			How related to deceased	friend

CAUSES OF DEATH

29 ✓

How long

1 1/2 years

How long

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

Immediate

as herina

Are the name, age, sex, color, date  
and place correctly given above?

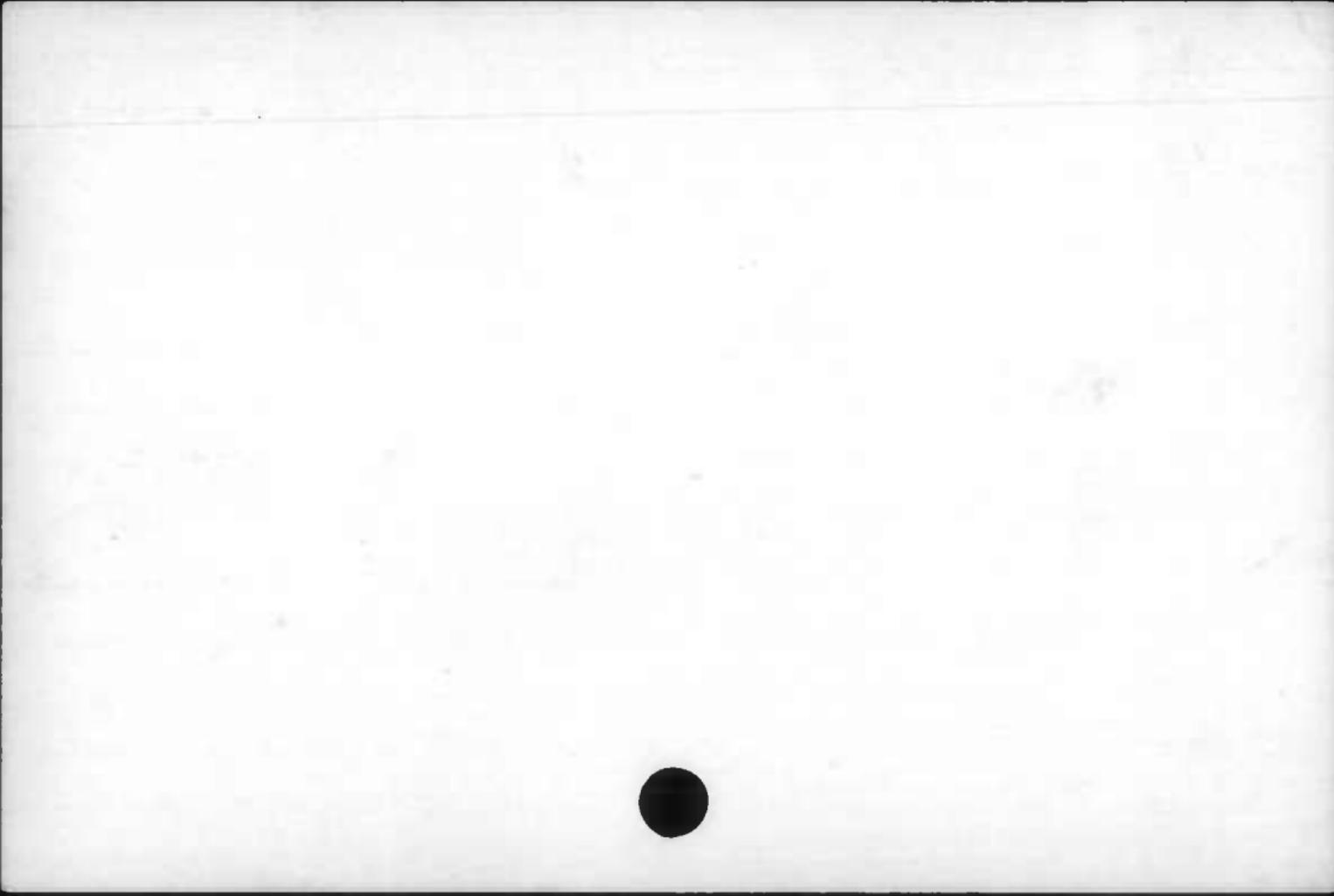
Yes

Signature of  
Physician

Address

W. H. Gibbons  
Crown and

Accident or Suicide



Name  
in  
Full

Margaret Morrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Laurel. Town Pr. Eso. County MARYLAND

Date of death 1960 Month Day Years Months Days

Sex Female, Color or Race white Birth-place A. A. Co.

Occupation Housewife Where Residing if not at place of death Laurel Md

Married, Single or Widowed Married Name of Wife or Husband Theodore Morrison

Father's Name Elisha. Burgess Father's Birthplace France.

Mother's Maiden Name Margaret Burgess Mother's Birthplace A. A. Co.

Name of person giving Information George W. Morrison How related to deceased Son.

CAUSES OF DEATH

Primary

Parelysis (Hypnoplegia)

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Lowneeller

Laurel Md

PHYSICIAN  
OR CORONER

- Yes

Accident or Suicide

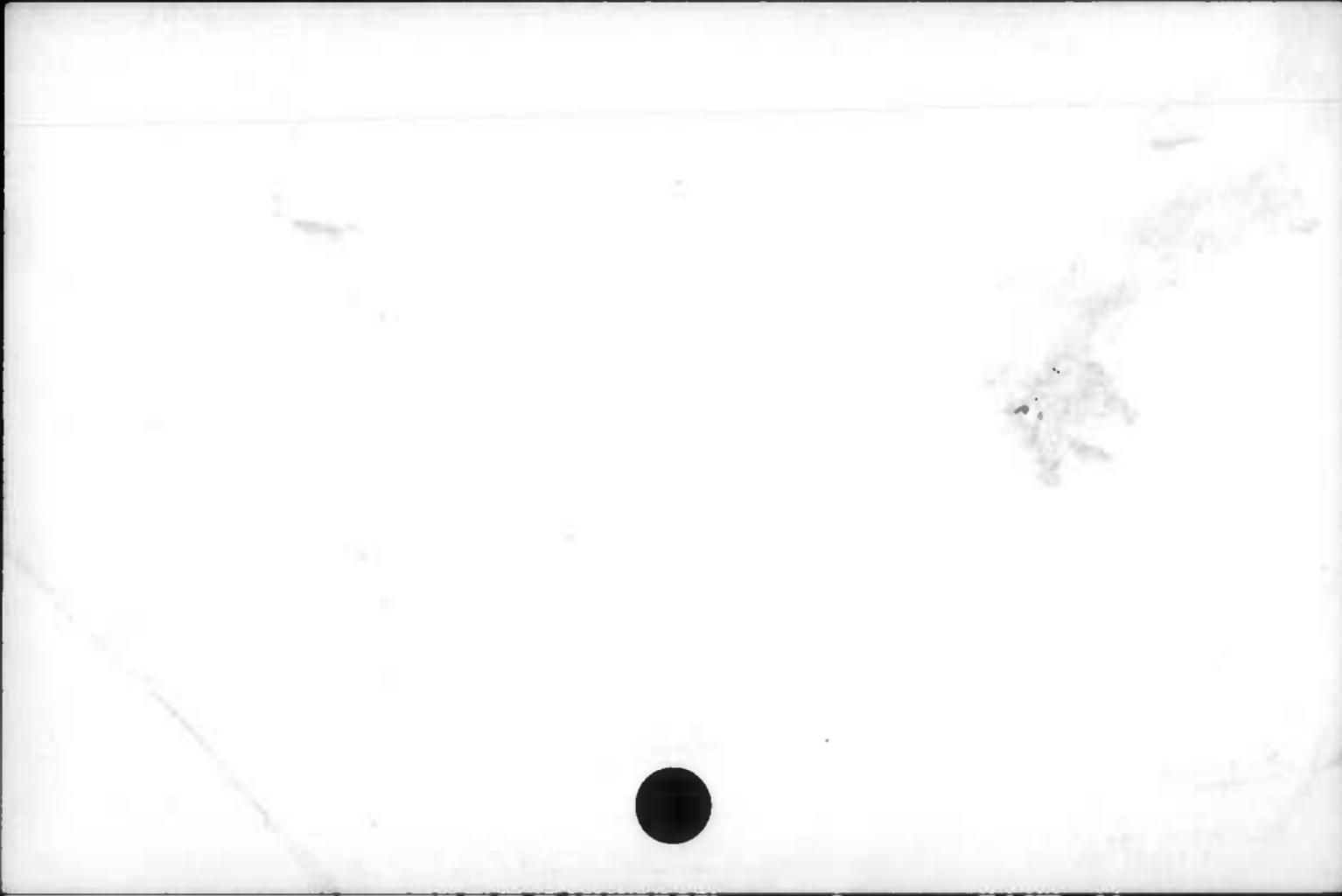
66

How long

3 weeks

How long

Instant



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Allen Dr. Smilliken P. G.

Died at Oak Grove

Town Date of death 1910 Month 2

Day 20 Age —

County

CERTIFICATE OF DEATH

MARYLAND

Months — Days 8

Sex Male

Color or Race

White

Birth-place P. G. B. and

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

E. Randolph Smilliken

Father's Birthplace

P. G. A. and

Mother's Maiden Name

Grand Huntington

Mother's Birthplace

Don't Know

Name of person giving Information

Lee J King

How related to deceased

Spouse

CAUSES OF DEATH

Primary

Don't Know

199

How long

Immediate

Yes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

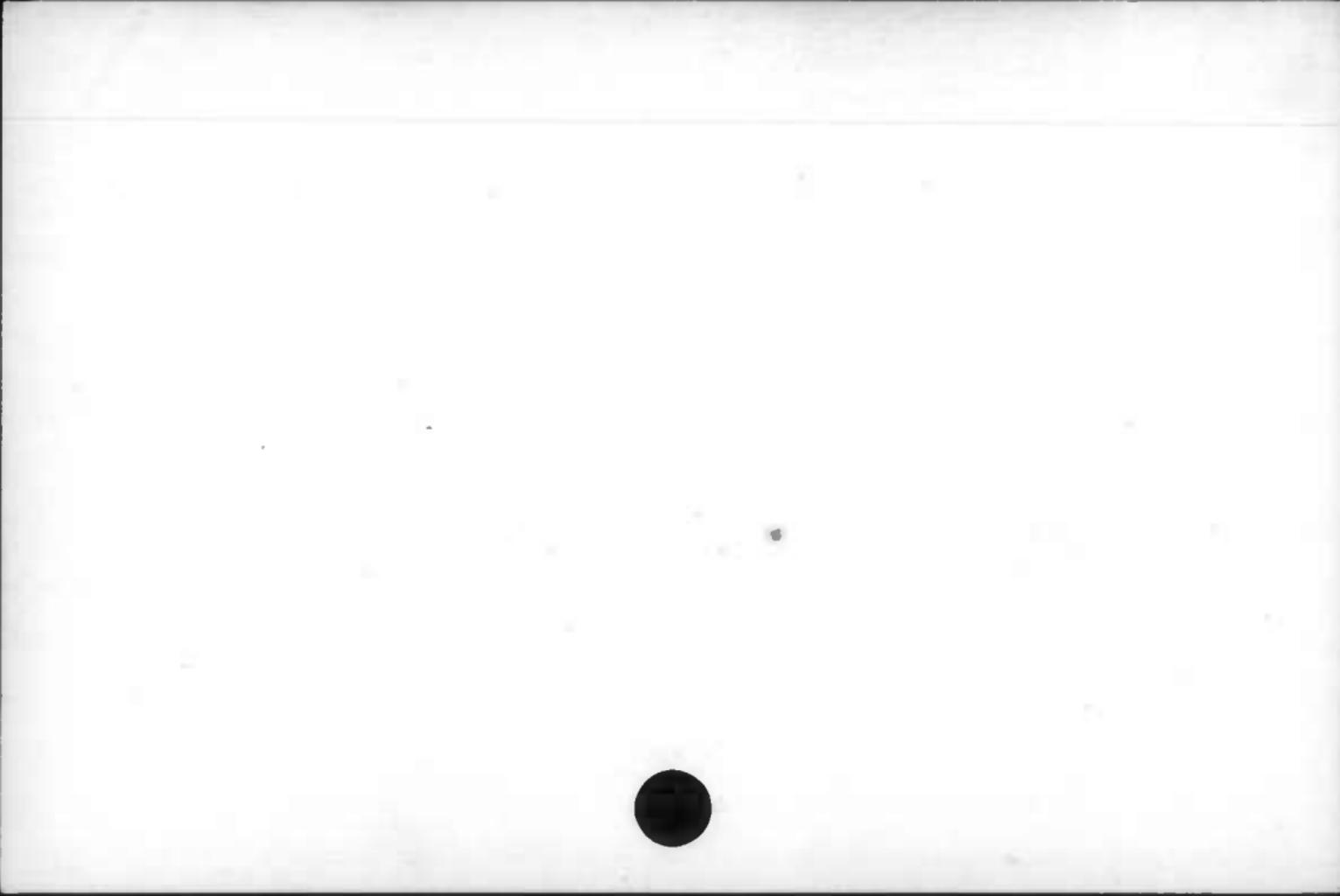
Address

R. Ernest Smith

Suffolk Hospital

Upper Marlboro and

Accident or Suicide



Name  
in  
Full

Catherine Louise Gralley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bright Seat</u> Town		County <u>Prince George</u>		MARYLAND	
Date of death <u>1960</u>	Month <u>Feb.</u>	Day <u>2</u>	Years <u>63</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Brook</u>			
Occupation <u>Housekeeping</u>	Where Residing if not at place of death <u>Jame</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Joseph L. Gralley</u>	Father's Name <u>Phillip Hill</u>	Father's Birthplace <u>Brook</u>		
Mother's Maiden Name <u>Magruder</u>	Mother's Birthplace <u>Brook</u>				
Name of person giving information <u>Floyd S. Gralley</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary

congestion of liver

How long

10 days

Immediate

Rhythmic

✓

15 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

L. S. Savage  
Bunting S. C.

PHYSICIAN  
OR CORONER

Accident or Suicide?

From Frank  
Mt Desert

194

Name  
in  
Full

Mrs. Betty A. Newberry.  
Laurel.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date  
of death 19

Month

Day

Years

Month

Days

10

2

3

55

Sex

Female

Color or  
Race

white

Birth-  
place

Va

Occupation

Housewife

Where Residing if not  
at place of death

Laurel Md.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

J. M. Newberry.

Father's  
Name

John B. Blayton

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Hoffmann

Mother's  
Birthplace

Unknown

Name of person giving  
Information

J. M. Newberry.

How related  
to deceased

Husband.

CAUSES OF DEATH

Primary

General Paralysis.

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

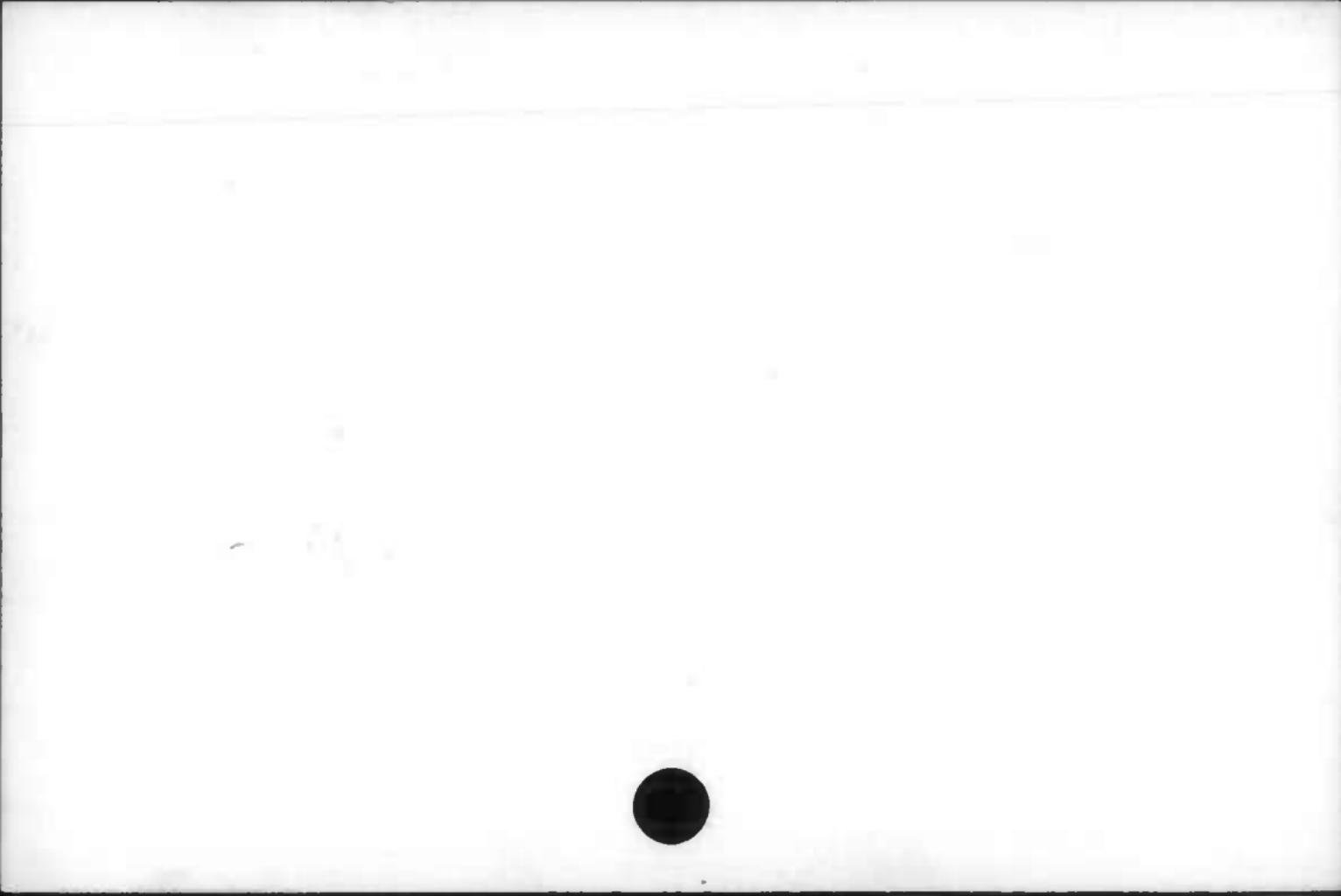
Address

W. T. Taylor M.D.  
Laurel Md

PHYSICIAN  
OR CORONER

Accident or Suicide





Name  
in  
Full

Helen Bradshaw Oliver

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Bradshaw Oliver (Deceased.)			Father's Birthplace	Va.
Mother's Maiden Name	Mary E. Fry			Mother's Birthplace	Md.
Name of person giving information	Mary E. Oliver			How related to deceased	Mother.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bronchitis

How long

About one week.

Immediate

Pulmonary Oedema

How long

About 3 hours.

Are the name, age, sex, color, date and place correctly given above?

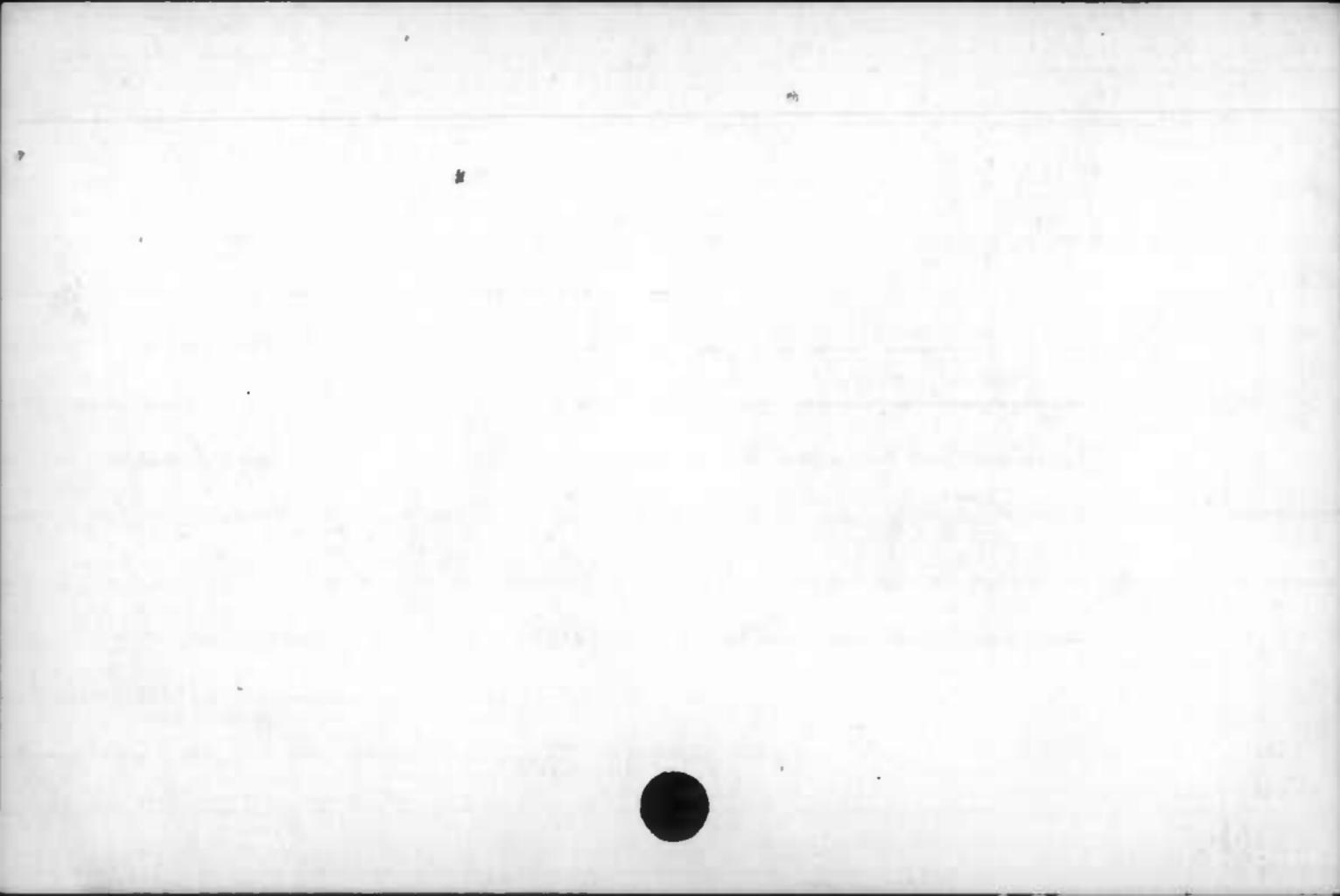
Signature of Physician

Address

R. A. Schoonover

Banning, D. S.

Accident or Suicide?



Name  
in  
Full

Mary Jane Perkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at St Barnabas Pr. Hos. Town County  
Date of death 1908 Month Day Years Months Days  
Sex Female Color or Race Birth-place D. C.  
Occupation House work Where Residing if not at place of death

Married, Single  
or Widowed

Name of Wife or Husband

Relict of Richard H. Perkins deceased

Father's Name

George Phelps

Father's Birthplace

D. C.

Mother's Maiden Name

Do not know

Mother's Birthplace

Name of person giving Information

George F. Perkins

How related to deceased

Son

CAUSES OF DEATH

Primary

Chronic Interstitial Nephritis 1 yr +

Immediate

Dropsey and Heart failure 3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E.P. Simpson M.D.  
Cong. Hgts. R. 5.

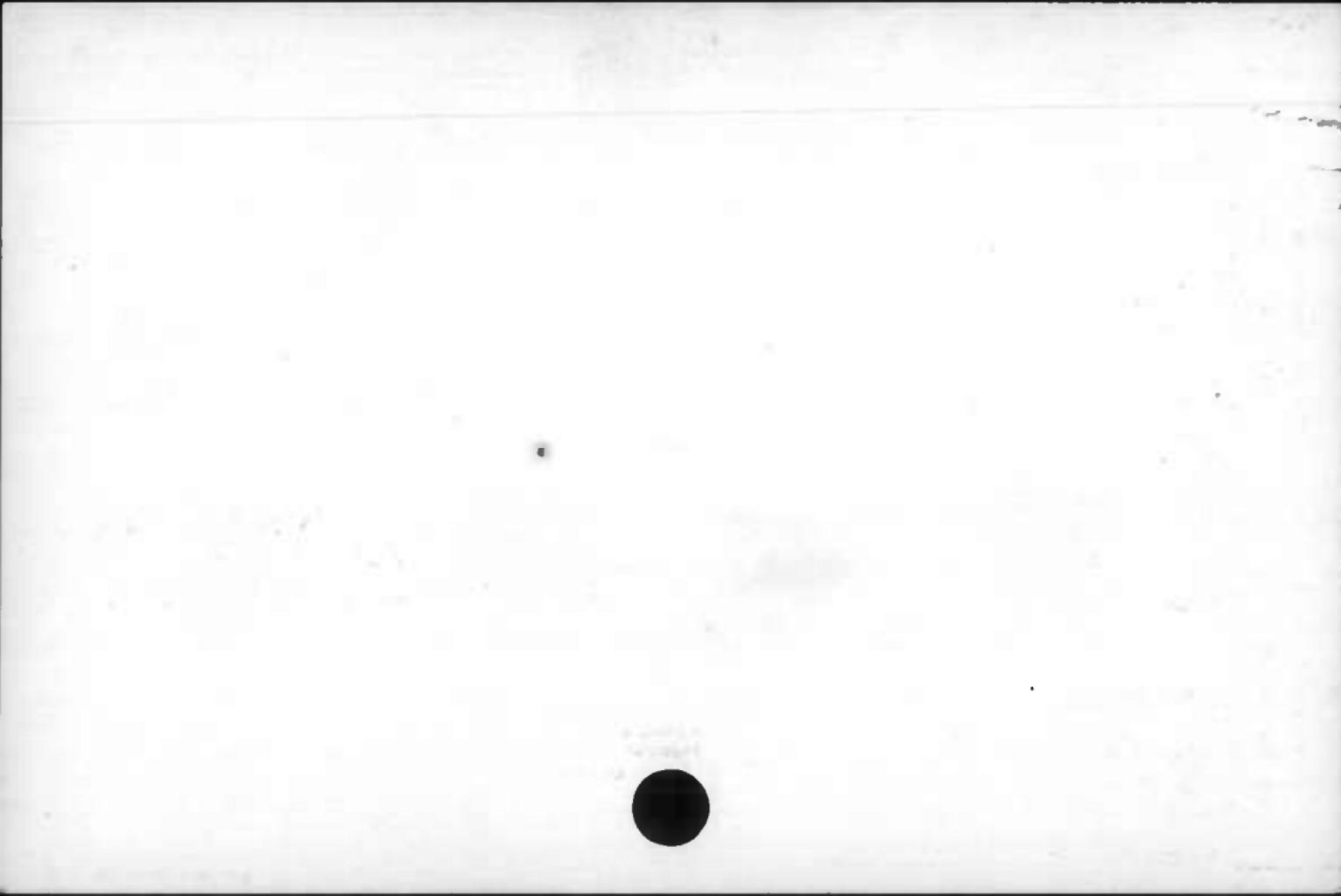
PHYSICIAN  
OR CORONER

Accident or Suicide

120

How long

How long



Name  
in  
Full

William H. Peterson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	-	-	3
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Wife or Husband				
Father's Name	William Peterson	Father's Birthplace			C. C. Co
Mother's Maiden Name	Eunis Snouder	Mother's Birthplace			A A Co
Name of person giving Information	William Peterson	How related to deceased			Father

CAUSES OF DEATH

71 ✓

PHYSICIAN  
OR CORONER

Primary

Spasm

How long

3 days

Immediate

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

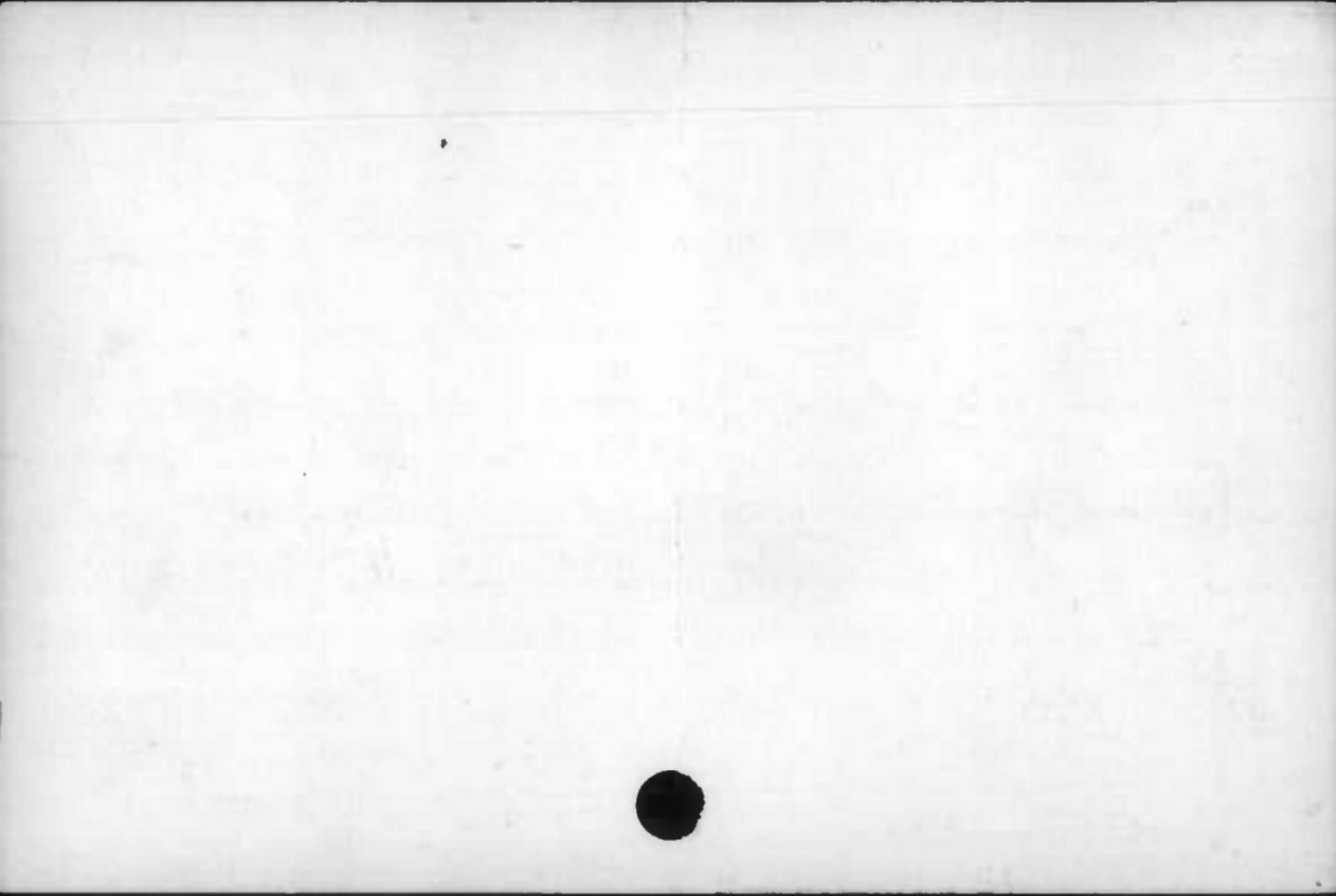
Signature of Physician

Address

Yes.

Walter Ryon  
mitchellville Md

Accident or Suicide?



Name  
in  
Full

Stanley Phelps

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at **Bowie** Town **Prince George** County  
Date of death **1960** Month **Feb.** Day **4** Age **4** Months **4** Days **1**  
Sex **male** Color or Race **white** Birth-place **Bowie md**  
Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

**William C. Phelps**

Father's  
Birthplace

**Prince George**

Mother's  
Maiden Name

**Esther Gannick**

Mother's  
Birthplace

**Bowie md**

Name of person giving  
Information

**Bertha Phelps**

How related  
to deceased

**Son**

Primary

**Capillary Bronchitis**  
**Guthrie**

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Immediate

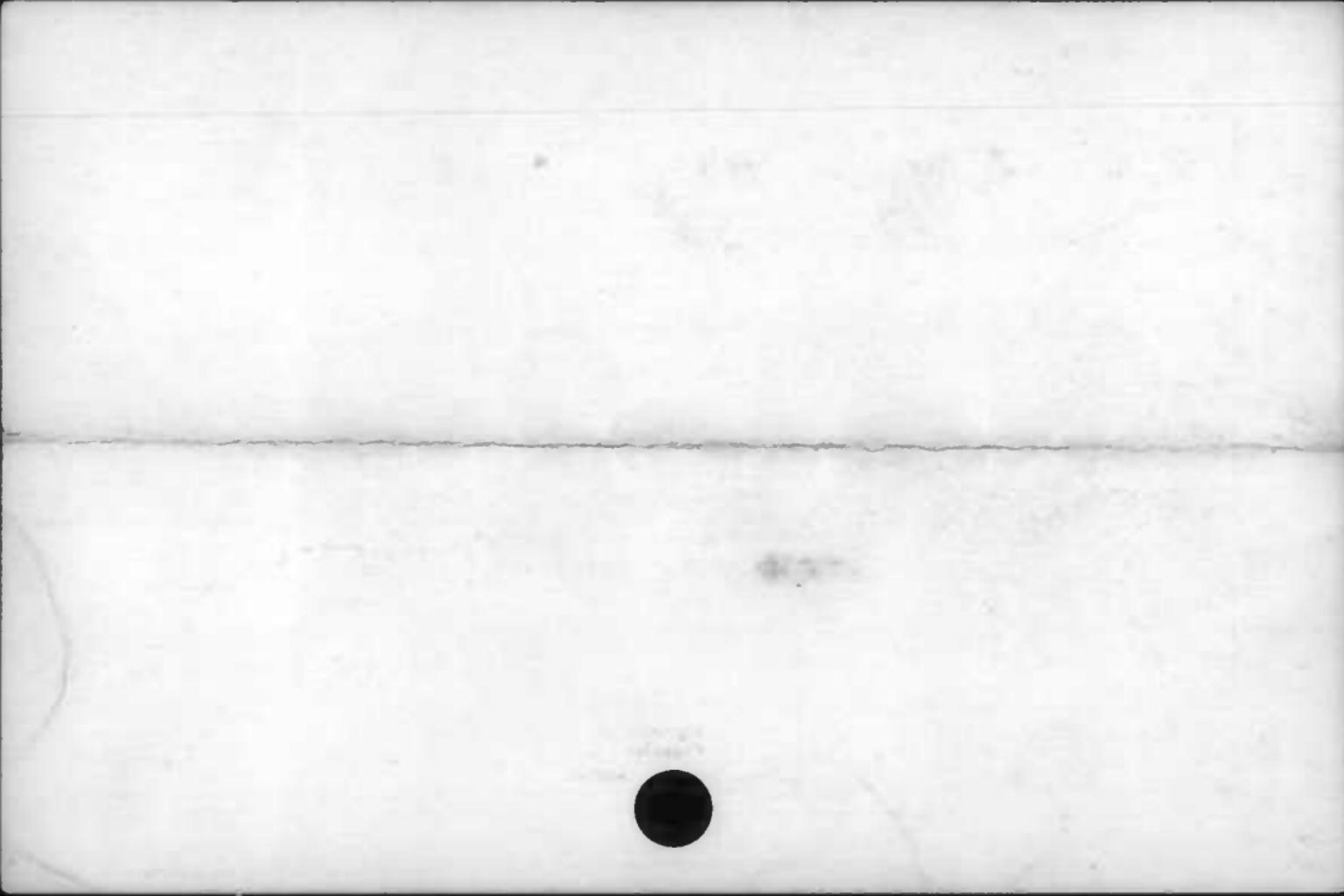
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician  
Address

Accident or Suicide



92 (92)  
How long  
Five days  
How often  
Several months  
Mr. W. D. Carroll M.D.  
Springfield Mo.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary E. Queen

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Bowie

County

George

Date  
of death

190

Month

Feb.

Day

16

Years

37

Months

—

Days

—

Age

Sex

Female

Color or  
Race

Colord

Birth-  
place

Md

Occupation

Wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married  
Name of Wife or  
Husband

Thomas

Queen

Father's  
Name

Basile Queen

Father's  
Birthplace

Md

Mother's  
Maiden Name

Hannah Johnson

Mother's  
Birthplace

Md

Name of person giving  
Information

Thomas Queen

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Pneumonia + Relapse

93

How long

2 weeks + 6 days

Immediate

Heart failure

How long

immediate

Are the name, age, sex, color, date  
and place correctly given above?

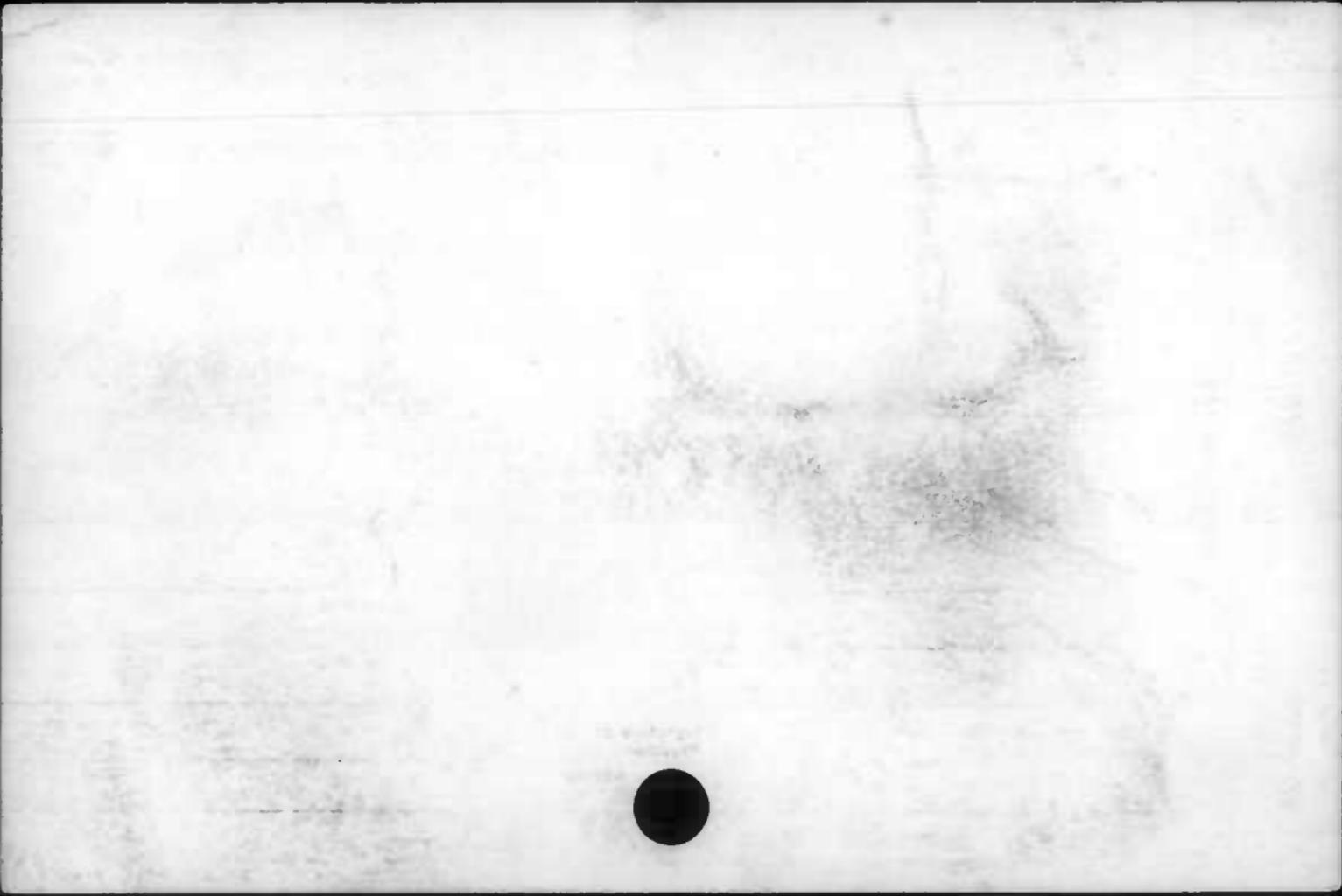
Signature of  
Physician

Address

James H. Truett  
Bowie

Accident or Suicide

Yes  
No



Name  
in  
Full

Annie Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	56	3 +
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Jos Webster Reed		
Father's Name	Henry Darsey	Father's Birthplace			Md
Mother's Maiden Name	Millicent	Mother's Birthplace			Md
Name of person giving Information	Jas Webster Reed	How related to deceased			Husband

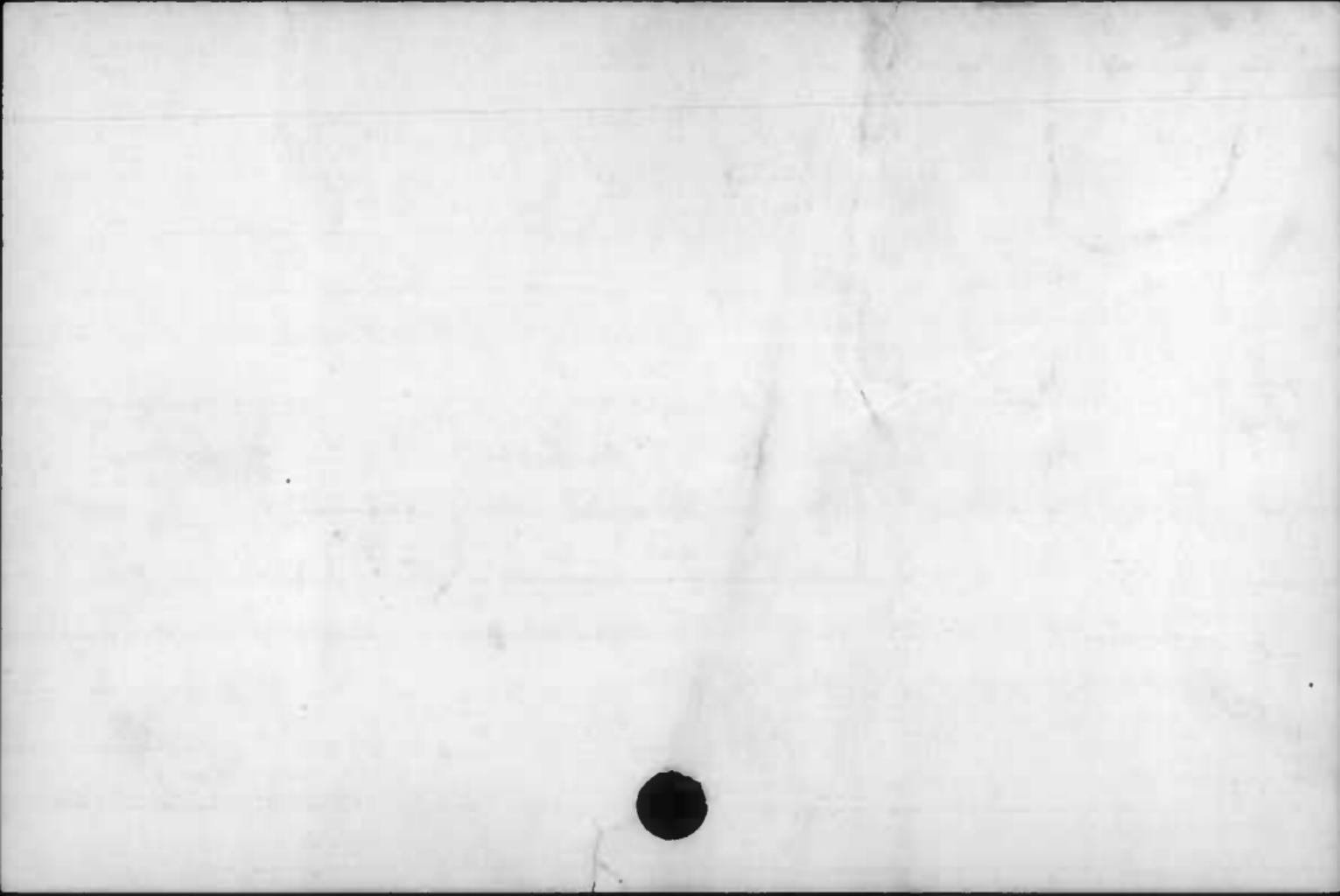
CAUSES OF DEATH

27

(4 or more)

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		
Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?	as near as possible		
Accident or Suicide?	No		
Signature of Physician	C.W. Brothall M.D.		
Address	Hyattsville, Md.		



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

William H. Reed

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Near Laurel P. Gw

Month

Day

Years

Months

Days

Date

of death

1900 Feb 25

Age

48

3

22

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Farmer

Where Residing if not  
at place of death

Near Laurel

Married, Single  
or Widowed

2 yrs

Name of Wife or  
Husband

Lucy Wells

Father's  
Birthplace

Md

Father's  
Name

Wm H Reed

Mother's  
Birthplace

Md

Mother's  
Maiden Name

Matilda Watts

How related  
to deceased

Md  
Nephew

Name of person giving  
Information

Richard Jensen

79

How long

3 yrs.

How long

Sudden

CAUSES OF DEATH

Primary

Valvular Heart Disease

Immediate

Heart Failure

Are the name, age, sex, color, date  
and place correctly given above?

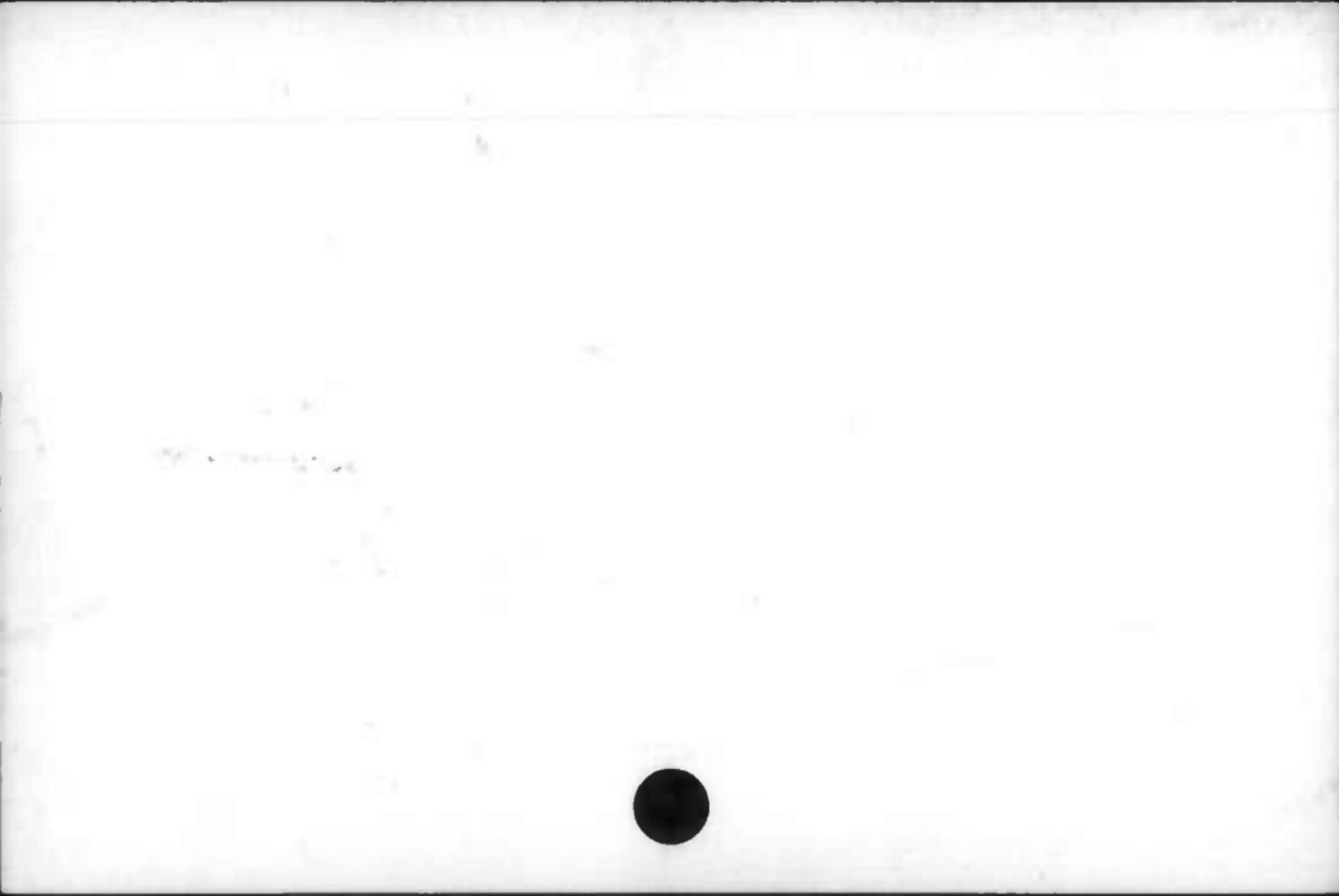
Yes

Signature of  
Physician

Address

J. D. Heath  
Laurel Md

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Maudie May Robey

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Bowie

County

P. George

Date  
of death

Month

Day

Years

Months

Days

190 Feb 22

Age 24

Sex

Female

Color or  
Race

White

Birth-  
place

Near Bowie Md

Occupation

House work

Where Residing if not  
at place of death

Bowie Md

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Theodora W. Robey

Father's  
Birthplace

Near Bowie

Father's  
Name

Eugene H. Shagogue

Mother's  
Maiden Name

Mrs Sussie Chayey

Mother's  
Birthplace

Near Bowie

Name of person giving  
Information

Miss Nora Shagogue

How related  
to deceased

Sister

CAUSES OF DEATH

Primary

Salpingitis  
Sapremia

132

How long

3 months

How long

2 weeks

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

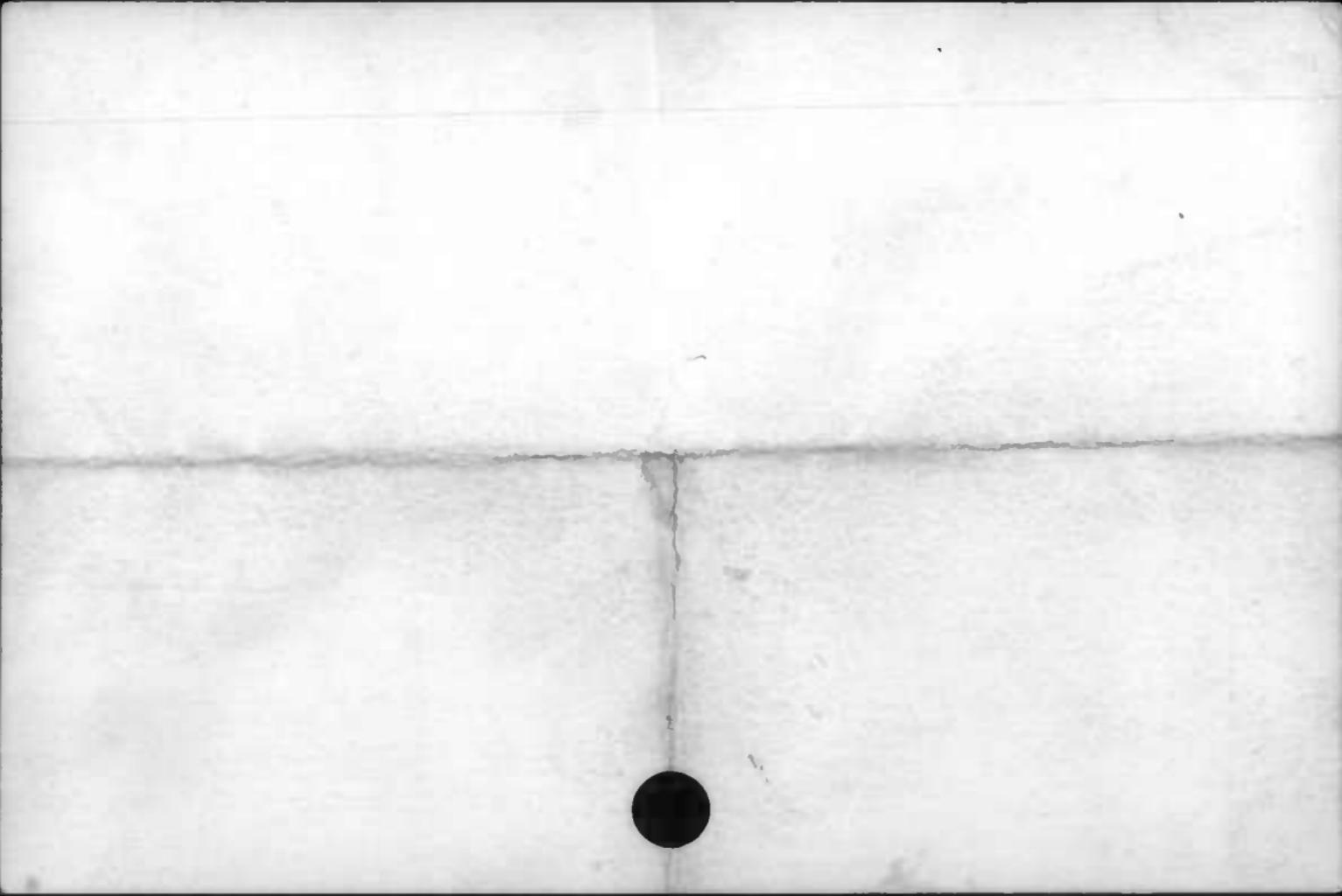
yes  
no

Signature of  
Physician

Address

James D. Truitt  
Bowie Md

Accident or Suicide



Name  
in  
Full

Chas. A. Schaff.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town

Saurel

County

Pike George

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1900

Age

44

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Bookkeeper Clerk

Baltimore

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Where Residing if not  
at place of death

Unknown

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Wife

How related  
to deceased

Primary

Sepal Pneumonia

93

Immediate

Remia Paralysis of heart

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

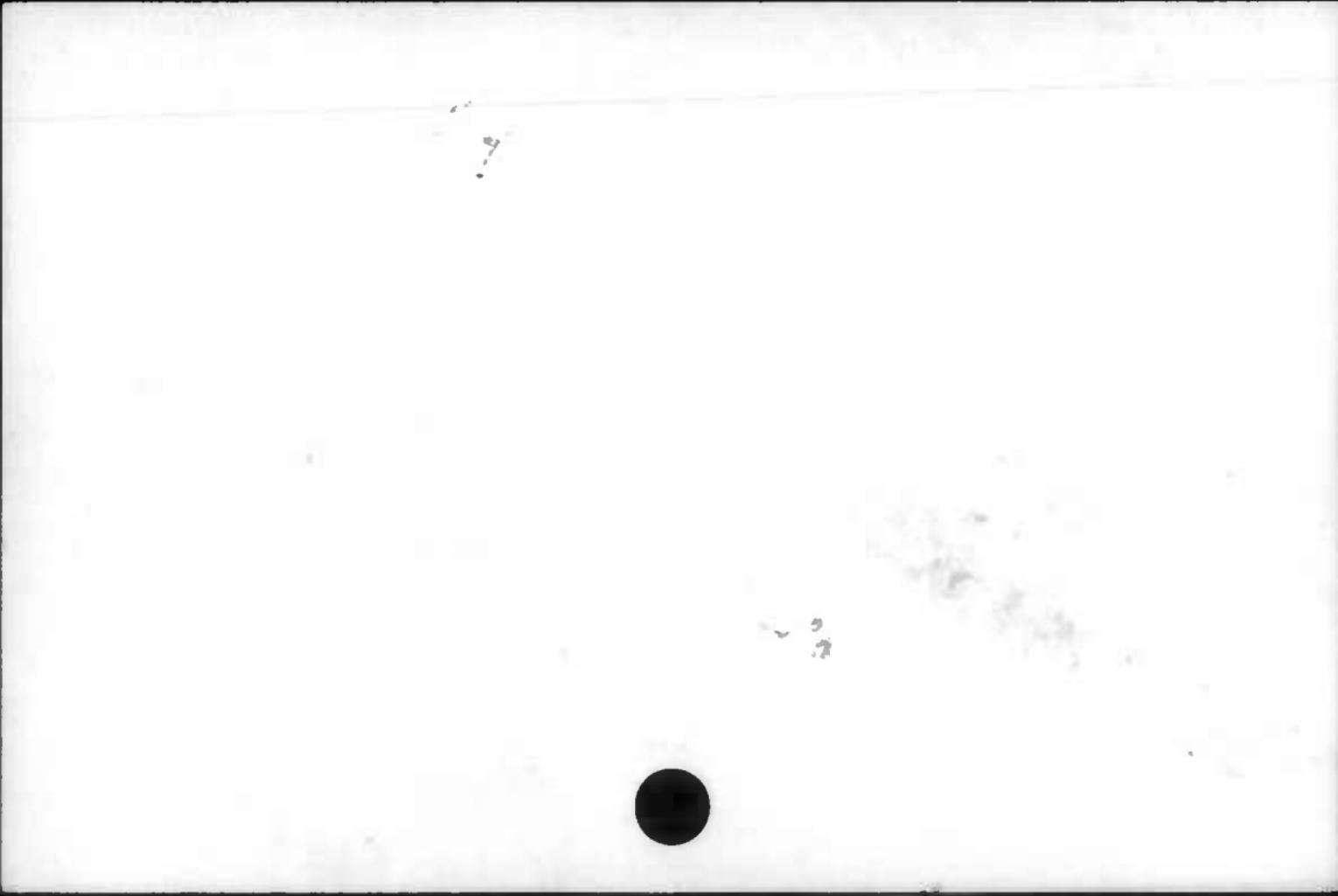
Address

2 hours.

Jesse Coggins

Saurel Md.

Accident or Suicide



Name  
in  
Full

William H. Shorstein

CERTIFICATE OF DEATH

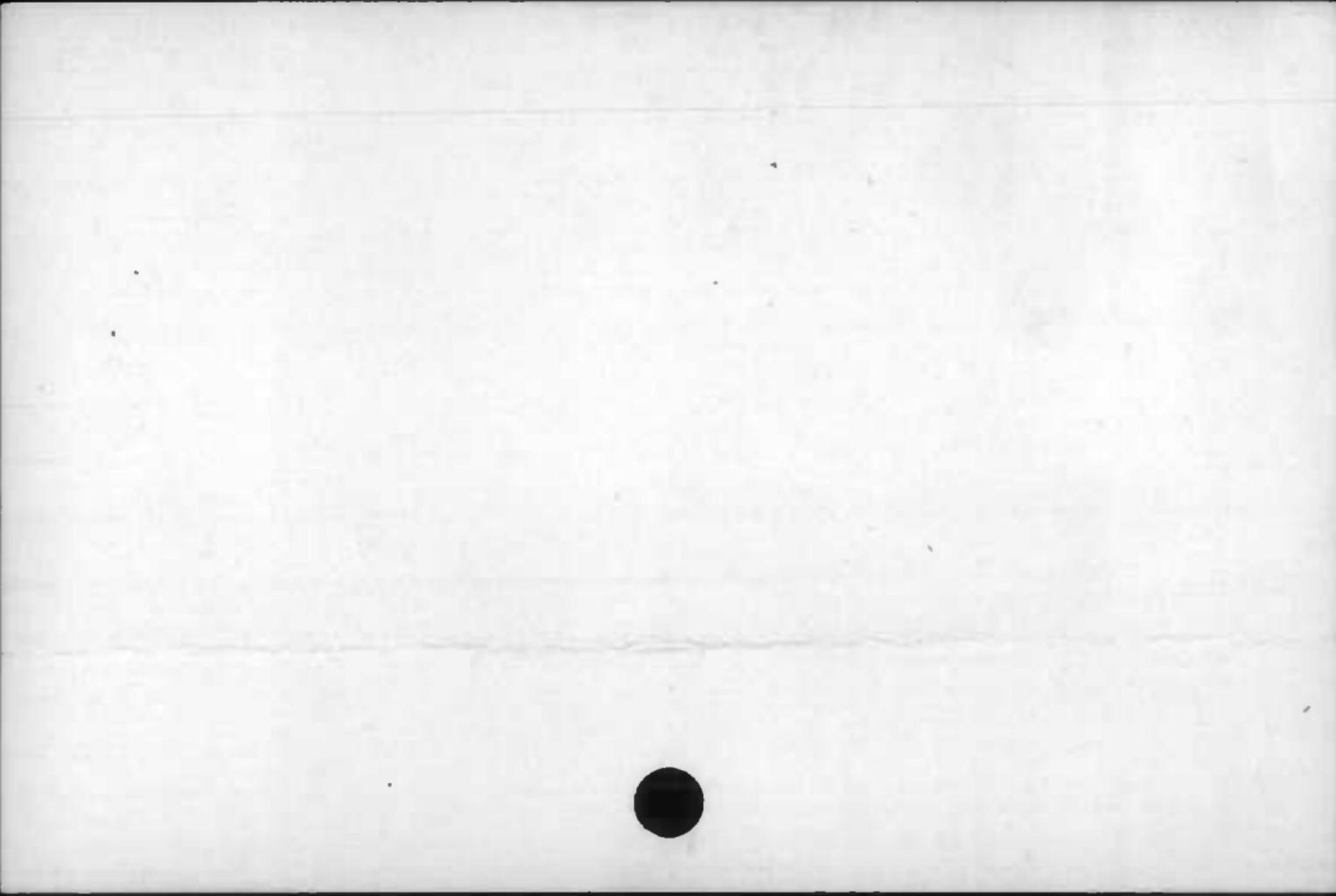
TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			
Died at <u>Lewisville</u>	<u>A.T.</u>			
Date of death <u>1900 July 14th</u>	Month <u>July</u>	Day <u>14th</u>	Years <u>28</u>	Months <u>-</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Bud</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>home.</u>			
Maid, Single <u>Widow</u>	Name of Wife or Husband			
Father's Name <u>Warren Shorstein</u>	Father's Birthplace <u>Bud</u>			
Mother's Maiden Name <u>Fannie m?</u>	Mother's Birthplace <u>Bud</u>			
Name of person giving information <u>J. L. Warren</u>	How related to deceased <u>brother</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Suffocation, C. stomach</u>	How long <u>2 or 3 years</u>
Immediate <u>Exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician Address <u>John L. Warren Clinton</u>
Accident or Suicide?	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Agnes Simpson  
River View Dr. Bed.

Date  
of death 1900

Month

Day

Years

Months

Days

2

1

53

Sex  
Occupation

Female

Color or  
Race

White

Birth-  
place

Ireland

Married,   
or Widowed

Name of  
Husband

Ernest B. Simpson

Father's  
Name

John M. Elkhatty

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Mary. Don't know

Mother's  
Birthplace

Ireland

Name of person giving  
Information

Richard Badde

How related  
to deceased

Son in law

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Aortic insufficiency

79

v

How long

Immediate

Failure of circulation

Several years  
10 minutes

Are the name, age, sex, color, date  
and place correctly given above?

Yes

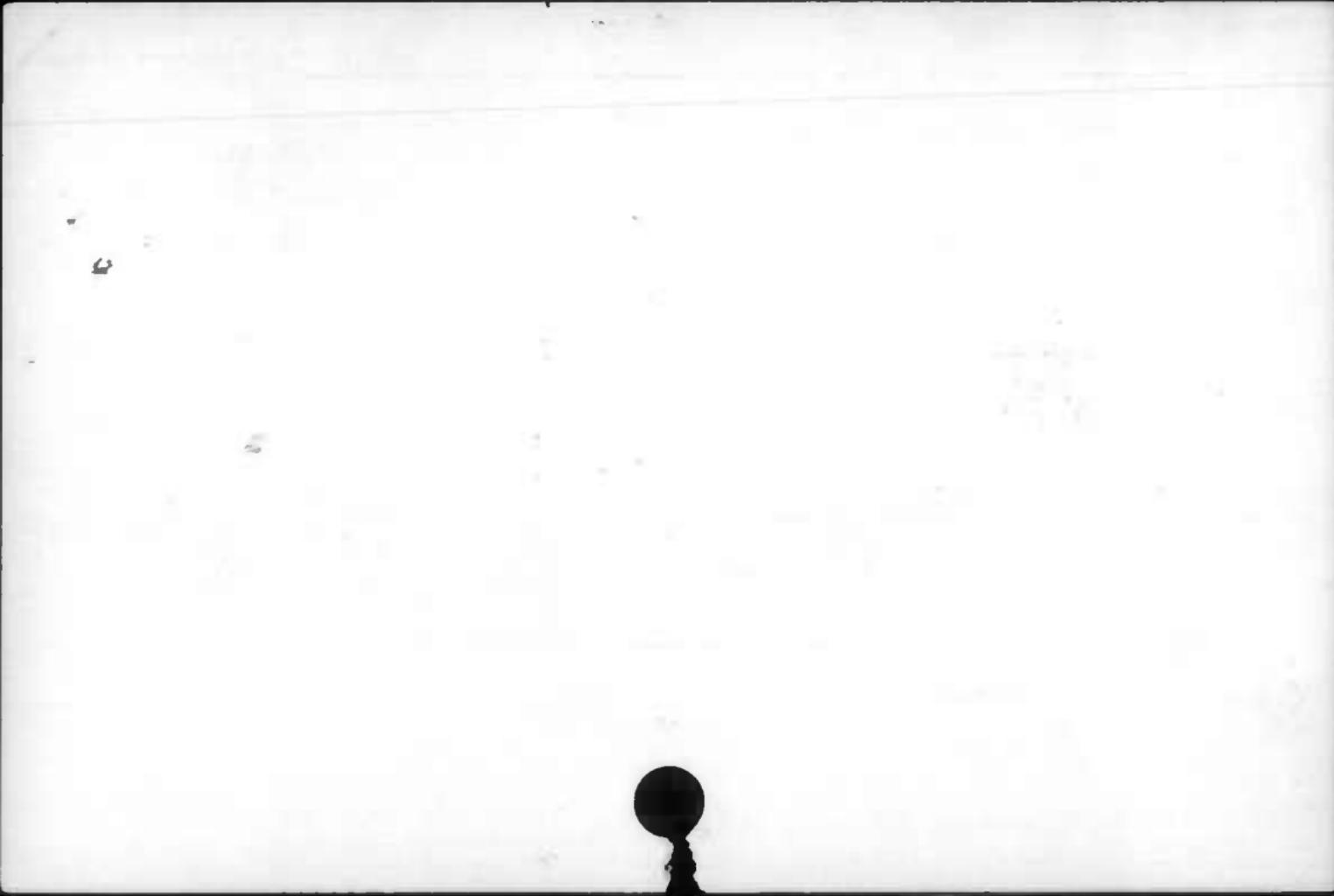
Signature of  
Physician

E.P. Simpson M.D.

Address

Long Height  
R.F.D. No. 5

Accident or Suicide



Name  
in  
Full

Infant of L.A. & Onie B. Sisson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Susquehanna

Perry Co.

Days

Date  
of death

Month

Day

Years

Months

Days

1960

2

17

Age -

-

Stillborn

Sex

Female

Color or  
Race

white

Birth-  
place

Md.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

James A. Sisson

Father's  
Birthplace

Va

Mother's  
Maiden Name

Onie B. Sisson

Mother's  
Birthplace

Va

Name of person giving  
Information

Onie B. Sisson

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Mal position

⑧

How long

Immediate

Prolonged Labor

24 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

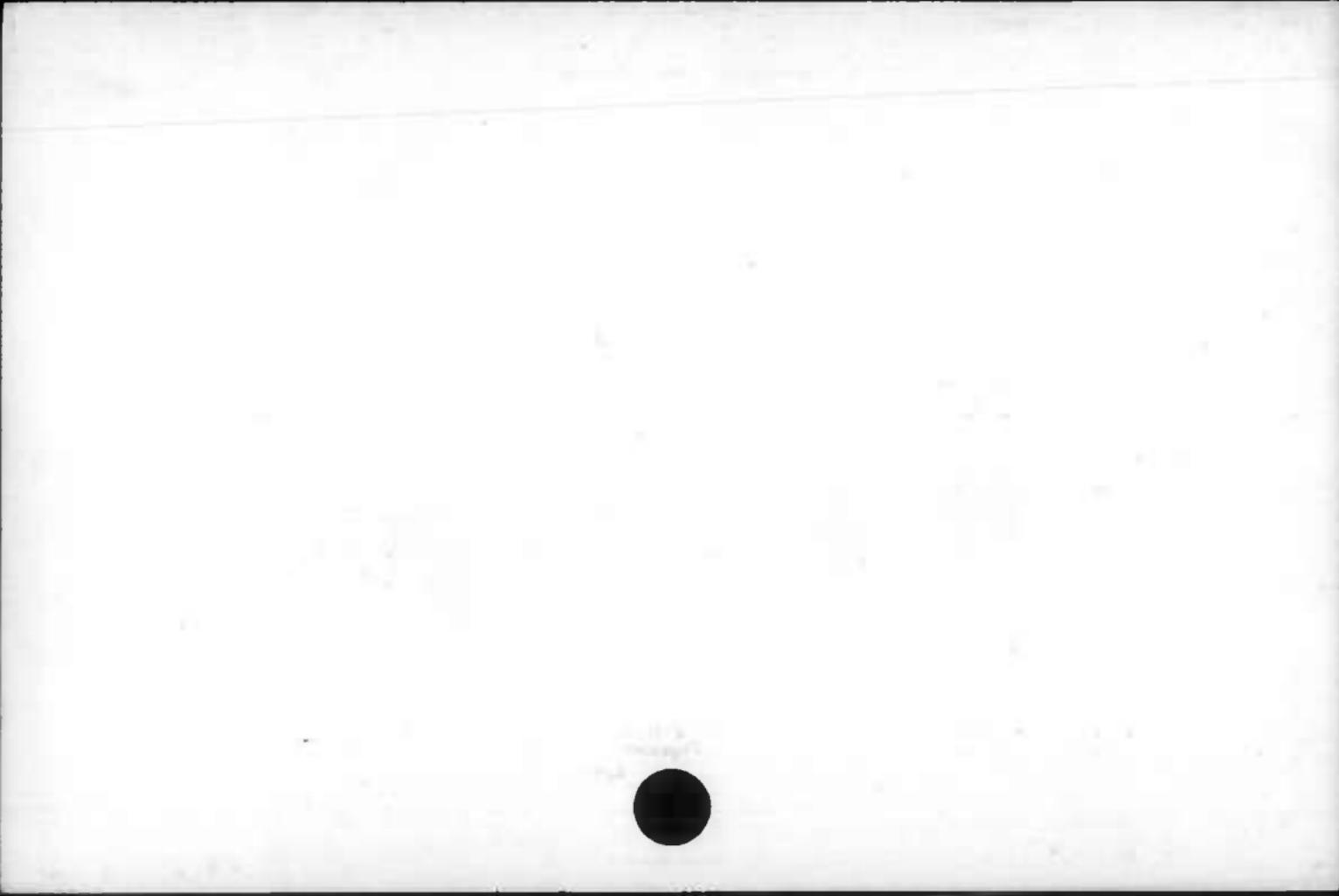
Address

E.P. Simpson

Accident or Suicide

Conjugal

B E D N G 5-



Name  
in  
Full

Lewis H. Smith  
Washington D.C.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Age	Years	Months Days	
Sex	Male	Color or Race	Black	Montgomery Co Md		
Occupation	Laborer		Where Residing if not at place of death			Colleerville Md
Married, Single or Widowed	Name of Wife or Husband		Father's Name			Mother's Name
Father's Name	Peter Smith		Emmerson Walth			Montgomery Co Md
Mother's Maiden Name	Emmerson Walth		Montgomery Co Md			How related to deceased
Name of person giving information						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary: Val. dis of heart How long  
Immediate: How long

Are the name, age, sex, color, date and place correctly given above?

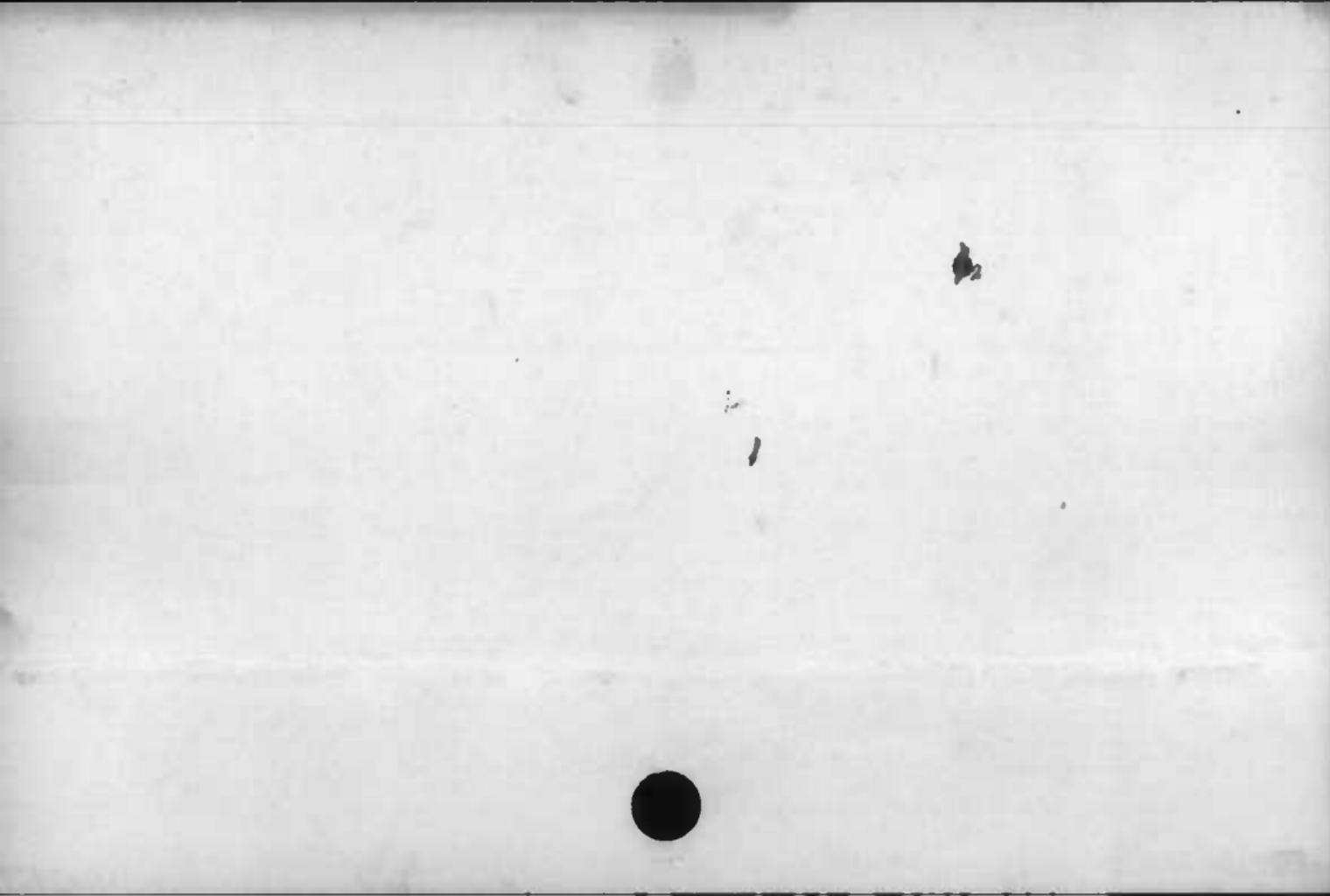
Yes

Signature of Physician

Address

J. R. Batson  
Colleerville  
Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place	9	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas Spriggs	Father's Birthplace	Maryland		
Mother's Maiden Name	Rachael Coats	Mother's Birthplace	Maryland		
Name of person giving Information	Thomas Spriggs	How related to deceased	father		
CAUSES OF DEATH					
Primary	Croup			9	How long
Immediate				3 days	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

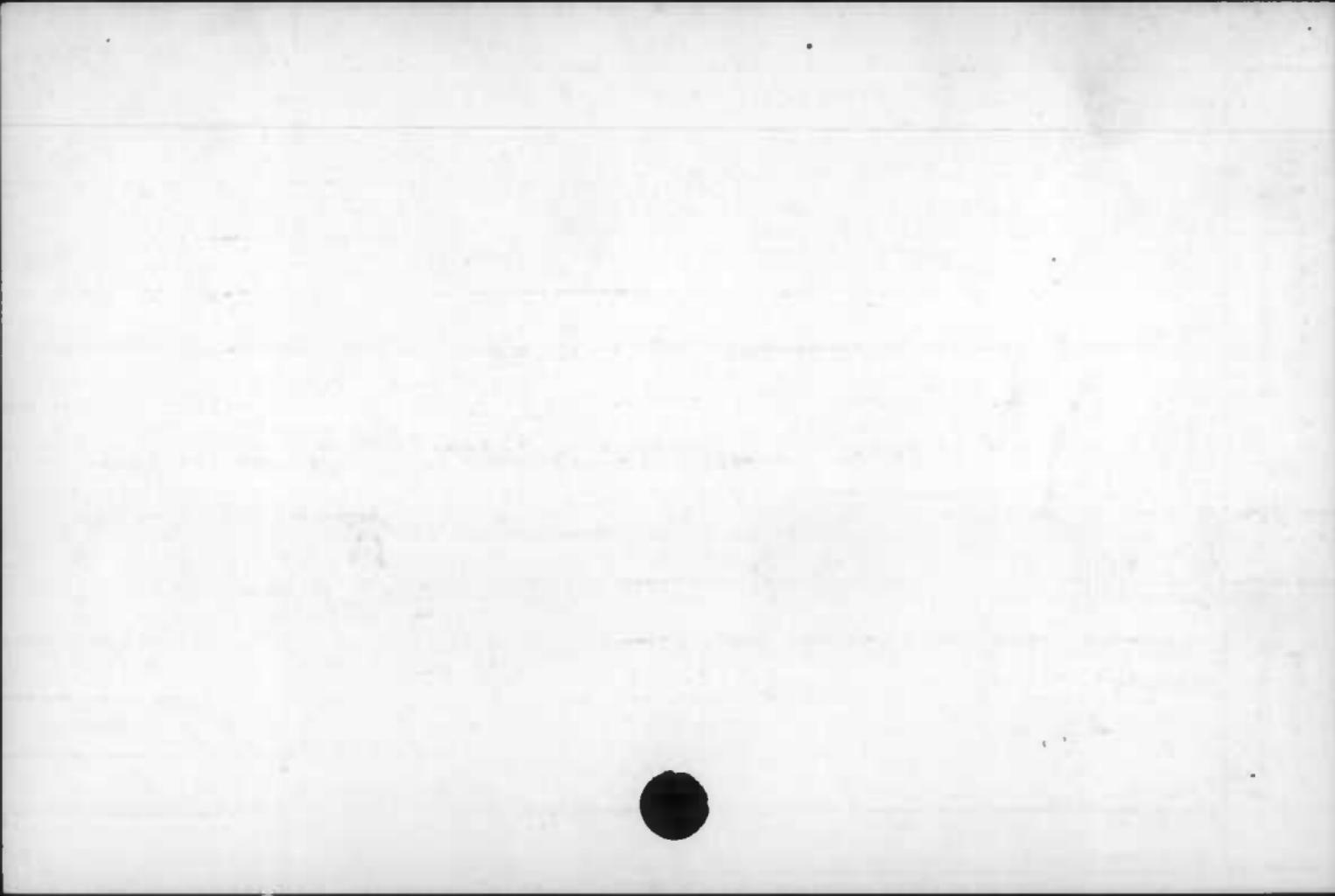
yes

Signature of Physician

Address

Ernest W. Garner  
Actg Coroner

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Walls

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death 190	Month	Years	Months
Sax	Color or Race	Age	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John Walls		
Mother's Maiden Name	Mary Diego		
Name of person giving Information	John Walls		

CAUSES OF DEATH

Primary

Pneumonia

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

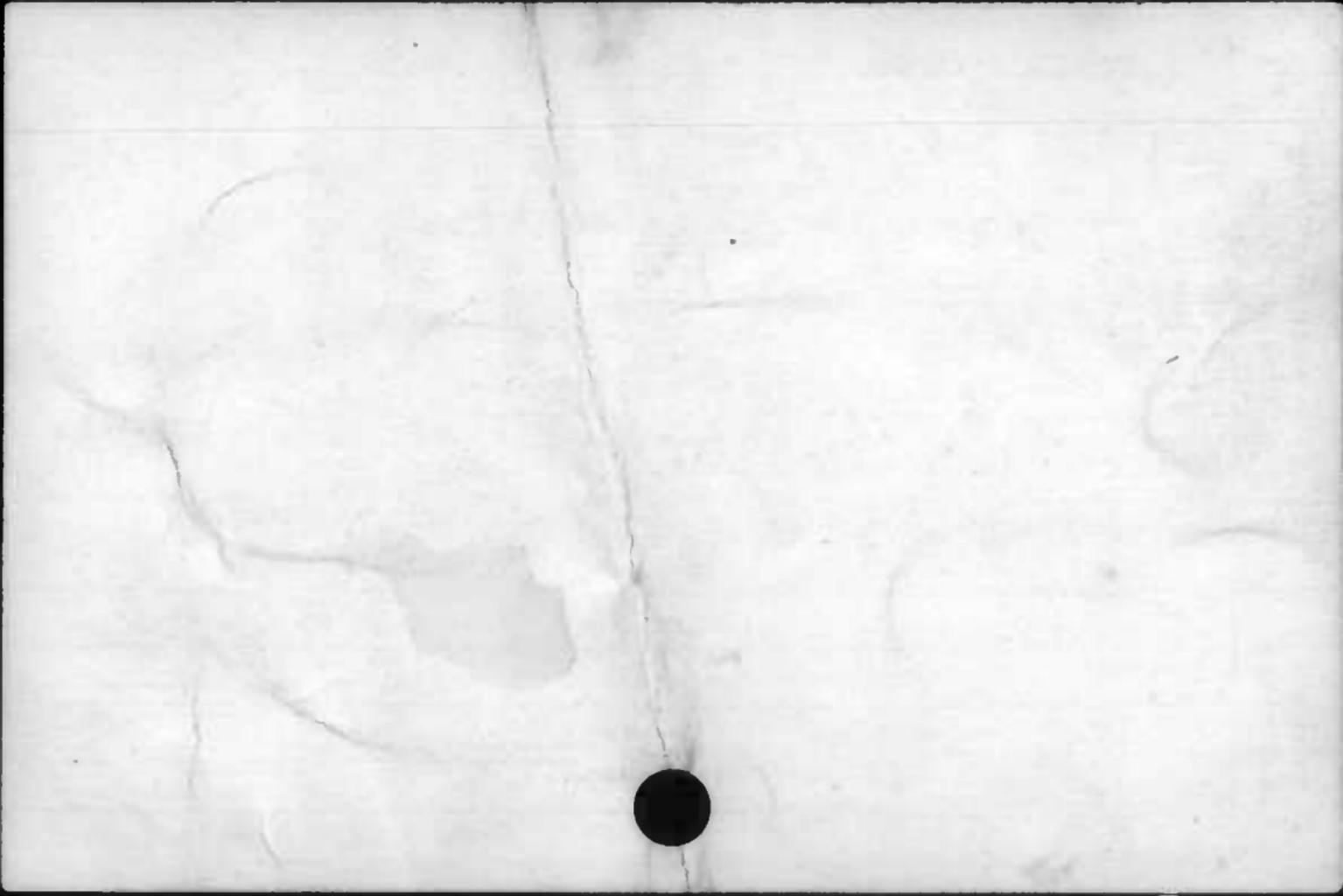
Yes

Accident or Suicide

No

Signature of Physician  
Address

93  
days  
2 hours  
James H. Trutch  
Bowie Md



Name  
in  
Full

Mary Jane Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married Single	Name of Wife or Husband					
Father's Name	Lukewarm to defenat		Father's Birthplace	bed		
Mother's Maiden Name	" " "	Mother's Birthplace	bed			
Name of person giving Information	John Waters		How related to deceased	Huband.		

CAUSES OF DEATH

Primary Poor surroundings - esp cold  
overexertion - T. Ammumbia & C.  
Immediate Deceased exhaustion.

Are the name, age, sex, color, date and place correctly given above?

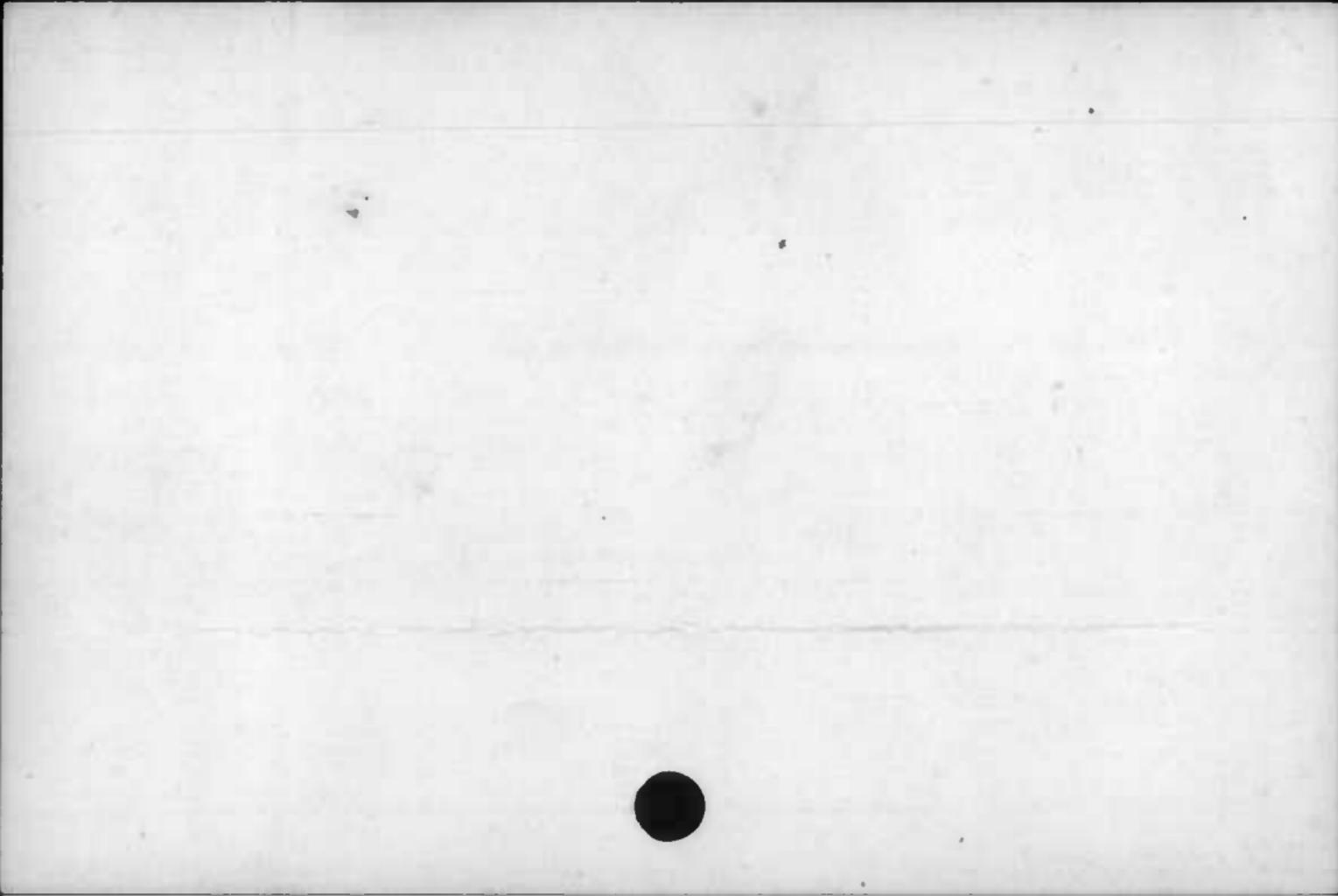
Yes

Signature of Physician

Address

Jean L. Weising  
Clinton

Accident or Suicide?



Name  
in  
Full

Frank William Watson

CERTIFICATE OF DEATH

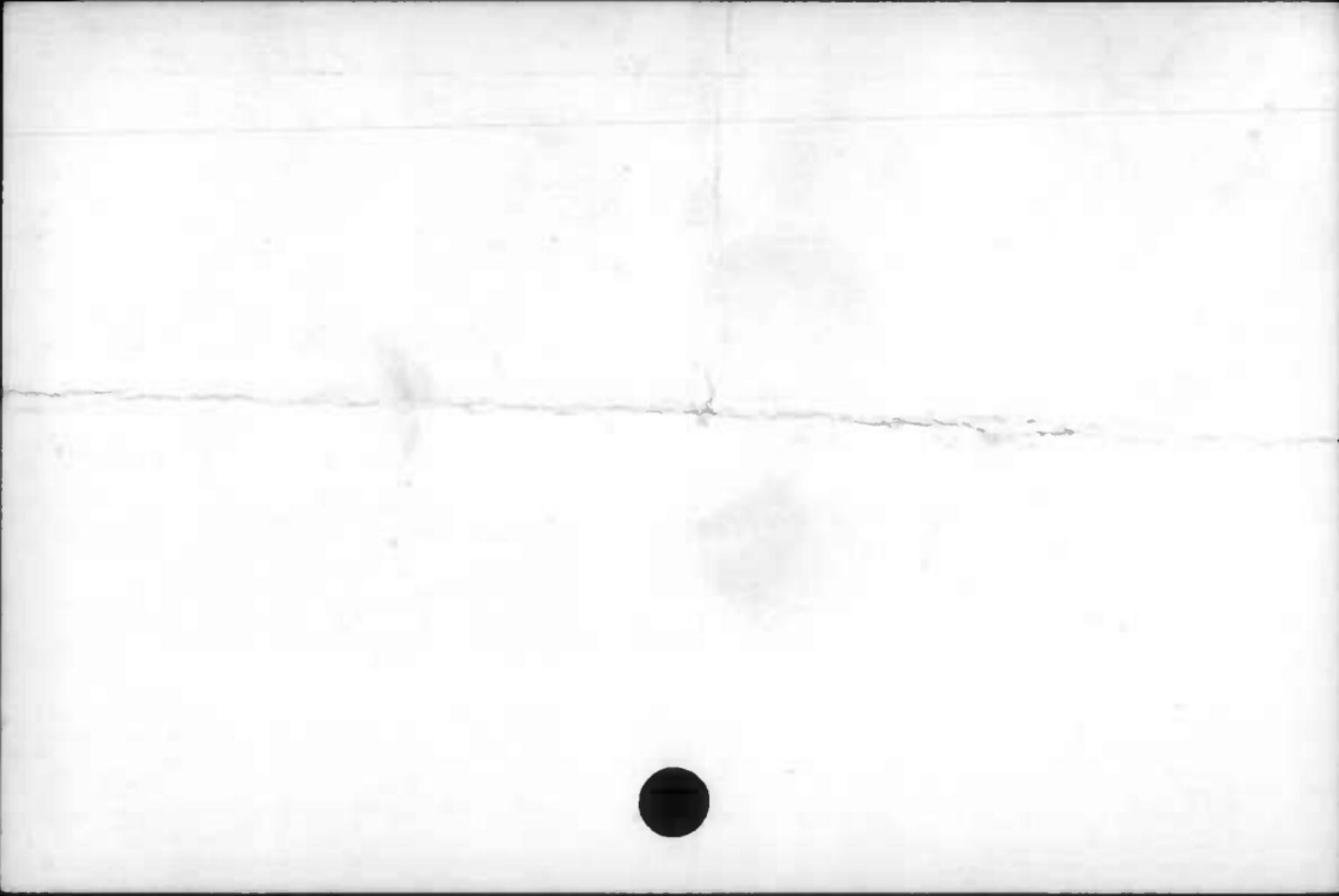
TO BE ANSWERED BY  
NEAREST FRIEND

Town	Beverly			County	Prince George		MARYLAND
Died at	Month	Day	Years	Age	Months	Days	
Date of death 1980	Feby	5		55	4	3	
Sax	Male	Color or Race	White	Birthplace	Manchester, Eng.		
Occupation	Printer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Louisa Schultz Watson			
Father's Name	Samuel Watson			Father's Birthplace	England		
Mother's Maiden Name	Annie Gould			Mother's Birthplace	England		
Name of person giving Information	Louise S. Watson			How related to deceased	wife		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Interstitial Nephritis		120	1
Immediate	Asthma		How long	3 years
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Address	A. Etienne Beverly Md
Accident or Suicide				



Name  
in  
Full

Arthur H. Wheelock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Male	Color or Race	white	Birth-place	Dist. of Columbia		
Occupation				Where Residing if not at place of death	~~~		
Married, Single or Widowed	single	Name of Wife or Husband	~~~				
Father's Name	Wm. Wallace Wheelock			Father's Birthplace	N.Y.		
Mother's Maiden Name	Rachel Rouche			Mother's Birthplace	Cape Breton		
Name of person giving Information	Clinton Wheelock			How related to deceased	Brother		

CAUSES OF DEATH

27

Primary	Consumption	How long	two years
Immediate	"	How long	" "

Are the name, age, sex, color, date and place correctly given above?

yes

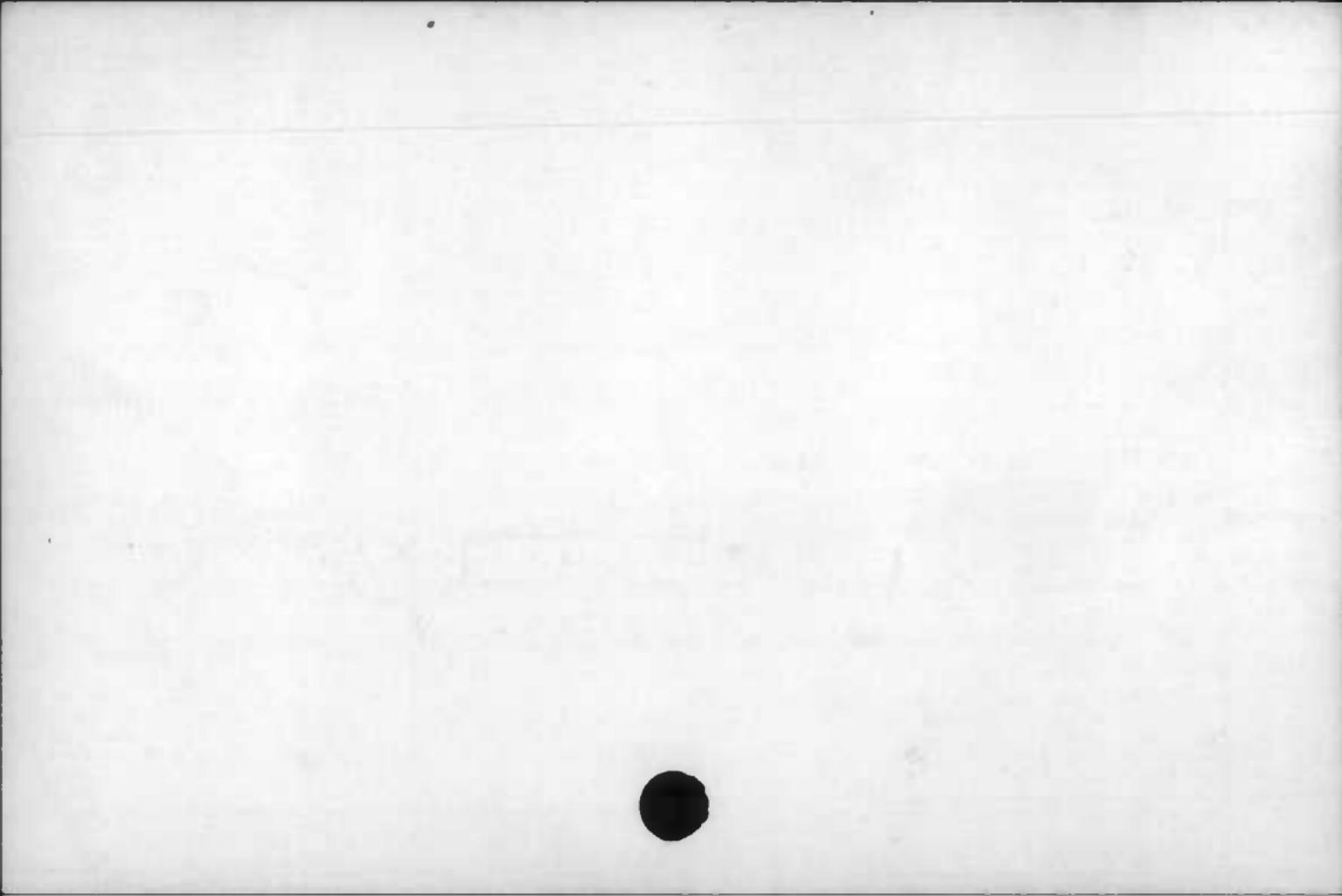
Signature of Physician

Address

H. C. Willis  
Hyattsville, Md.

Accident or Suicide?

No



Name  
in  
Full

Joseph Whitney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Scotland

County  
Baltimore George

MARYLAND

Date  
of death 190

Month  
2

Day  
8.

Year  
1880

Months

Days

Sex  
male

Color or  
Race

Black

Birth-  
place

md'

Occupation  
nurse

Where Residing if not  
at place of death

Married, Single  
or Widowed  
single

Name of Wife or  
Husband

Father's  
Name  
John Whitney

Father's  
Birthplace  
md

Mother's  
Maiden Name  
Julia Clark

Mother's  
Birthplace  
md

Name of person giving  
Information  
Alice Clark

How related  
to deceased  
aunt.

CAUSES OF DEATH

Primary

Shit bone

(8)

How long

Immediate

" "

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Joseph Whitney M.D.  
Towsonville  
Md

Accident or Suicide  
neither

PHYSICIAN  
OR CORONER

